| Case 16-23054 Doc 1 Fill in this information to identify your case: | Eiled 07/19/16  | Entered 07/19/16 12:16:54<br>age 1 of 66 | Desc Main                          |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the:                             |   |  |                                    |
| Northern District of: Illinois (State)                              |   |  |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  | Check if this is an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case —and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |  |  |
|---|----------------------------|---|--|--|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |  |  |
| 1. Your full name   | Jennifer<br>First name     | First name                                    |  |  |
| Write the name that is on your government-issued                    |                            |   |  |  |
| picture identification (for example, your driver's                  | Middle name Bekoe          | Middle name                                   |  |  |
| license or passport   | Last name                  | Last name                                     |  |  |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |  |  |
| 2. All other names you  | <del></del>                |   |  |  |
| have used in the last<br>8 years                                    | First name                 | First name                                    |  |  |
| Include your married or maiden names.                               | Middle name                | Middle name                                   |  |  |
| madernames.   | Last name                  | Last name                                     |  |  |
|   | First name                 | First name                                    |  |  |
|   | Middle name                | Middle name                                   |  |  |
|   | Last name                  | Last name                                     |  |  |
| 3. Only the last 4 digits of your Social                            | XXX - XX- <u>6381</u>      | xxx - xx-                                     |  |  |
| Security number or  | OR                         | OR  |  |  |
| federal Individual Taxpayer Identification number (ITIN)            | 9 xx - xx-                 | 9 xx - xx-                                    |  |  |
| ,   |                            |   |  |  |

JennifeCase 16-23054 Doc 1 Filed 07#149#16 Entered @7/11-9/11-6/11-2::16:54 Desc Main Debtor 1 Page 2 of 66 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 754 S Shannon Dr Number Street Number Street Romeoville 60446 Illinois City State Zip Code City State Zip Code Will County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Debtor 1 Jennife Case 16-23054 Doc 1 Filed 07/14/9/16 Entered 07/19/14/9/16 (1/12/14)6:54 Desc Main

Document Document Page 3 of 66 Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Case number District Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or When District Case number, if known by an affiliate? 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

✓ No. Go to line 12.

this bankruptcy petition.

JennifeCase 16-23054 Doc 1 Filed 07#4\9\16 Entered 07/11-9/11-6 (11-2):16:54 Desc Main Debtor 1 Page 4 of 66 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{\phantom{a}}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Number Street that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Document Print

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Explain Your Efforts to Receive a Briefing About Credit Counseling Part 5:

## **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this about credit bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this counseling before you bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of file for bankruptcy. completion. completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment following choices. If plan, if any. plan, if any. you cannot do so, you are not eligible to I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from file. an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and If you file anyway, exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required your creditors can you to file this case. you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to Active duty. Active duty. I am currently on active military duty in a I am currently on active military duty in a military combat zone. military combat zone. If you believe you are not required to receive a briefing about If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit credit counseling, you must file a motion for waiver of credit

counseling with the court.

counseling with the court.

JennifeCase 16-23054 Doc 1 Filed 07/419/16 Entered 07/419/16 (12:416:54 Desc Main Debtor 1 Page 6 of 66 Document of the Document of th **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ٦ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Jennifer Bekoe Signature of Debtor 2 Signature of Debtor 1 Executed on \_ 7/19/2016

MM / DD / YYYY

Executed on

MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

X

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| orrect.   | iat the ime | madon | Tille selledules           | med with the petition is |
|---|-------------|-------|----------------------------|--------------------------|
| /s/ Brent Ingram Signature of Attorney for Debtor |             | Date  | 7/19/2016<br>MM / DD / YYY | <u>Y</u>                 |
| Brent Ingram Printed name                         |             |       |                            |                          |
| Semrad Law Firm Firm name                         |             |       |                            | -                        |
| Street  |             |       |                            |                          |
|   |             |       |                            |                          |
| City  | State       |       | :                          | Zip Code                 |
| Contact phone                                     |             | E     | mail address               | bingram@semradlaw.com    |
| Bar number  |             |       | state                      |                          |

<u>Doc 1 Filed 07/19/16 Entered 07/1</u>9/16 12:16:54 Desc Main Fill in this information to identify your case: Debtor 1 Jennifer Bekoe First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$1,956.50 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$1,956.50 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$18.137.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$18,137.00 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$2,159,56 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$2,160.00

Debtor 1 Jennife Case 16-23054 First Name Doc 1

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| Pai  | t4: Answer These Questions for Administrative and Statistical Records   |  |            |  |  |  |  |  |  |  |
|------|---|--|------------|--|--|--|--|--|--|--|
| 6. / | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?   |  |            |  |  |  |  |  |  |  |
|      | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  |  |            |  |  |  |  |  |  |  |
|      | ✓ Yes.  |  |            |  |  |  |  |  |  |  |
| 7. \ | What kind of debt do you have?  |  |            |  |  |  |  |  |  |  |
|      | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual prinfamily, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. | •  |            |  |  |  |  |  |  |  |
|      | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. On this form to the court with your other schedules.  | Check this box and submit  |            |  |  |  |  |  |  |  |
| 8.   | From the <i>Statement of Your Current Monthly Income:</i> Copy your total current monthly income from Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                | Official   | \$3,086.97 |  |  |  |  |  |  |  |
| 9.   | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:  | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: |            |  |  |  |  |  |  |  |
|      | From Part 4 on Schedule E/F, copy the following:  | Total claim  |            |  |  |  |  |  |  |  |
|      | 9a. Domestic support obligations (Copy line 6a.)  | \$0.00   |            |  |  |  |  |  |  |  |
|      | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$0.00   |            |  |  |  |  |  |  |  |
|      | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$0.00   |            |  |  |  |  |  |  |  |
|      | 9d. Student loans. (Copy line 6f.)  | \$0.00   |            |  |  |  |  |  |  |  |
|      | 9e. Obligations arising out of a separation agreement or divorce that you did not report as   | \$0.00   |            |  |  |  |  |  |  |  |
|      | priority claims. (Copy line 6g.)  |  |            |  |  |  |  |  |  |  |
|      | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | \$0.00   |            |  |  |  |  |  |  |  |
|      | 9g. <b>Total.</b> Add lines 9a through 9f.  | \$0.00   |            |  |  |  |  |  |  |  |

|                                   | Case 16-23054  |                                  | Filed 07/19/16  | <u>Entered 07/1</u> 9/16                                | 12:16:54                          | Desc Main   |
|-----------------------------------|--|----------------------------------|---|---|-----------------------------------|---|
| Fill in this                      | information to identify your case  | t .                              |   |   |                                   |   |
| Debtor 1                          | Jennifer   |                                  | Bekoe   | •   |                                   |   |
|                                   | First Name   | Middle                           | Name Last N   |   |                                   |   |
| Debtor 2                          |  |                                  |   |   |                                   |   |
| (Spouse,                          | if filing) First Name  | Middle                           | Name Last N   | lame  |                                   |   |
| United St                         | ates Bankruptcy Court for the:   | Northern                         | District of III   | _   |                                   |   |
| Case nun                          |  |                                  | (3  | State)  |                                   |   |
| . ,                               |  |                                  |   |   |                                   | Check if this is an   |
|                                   | al Form 106A/B   |                                  |   |   |                                   | amended filing  |
| Sche                              | dule A/B: Prope  | rty                              |   |   |                                   | 12/1  |
| esponsib<br>rrite your<br>Part 1: | where you think it fits best. Be<br>ble for supplying correct inform<br>name and case number (if known<br>Describe Each Resident<br>u own or have any legal or equal<br>No. Go to Part 2 | mation. If more sown). Answer ev | space is needed, attach<br>very question.<br>Land, or Other Rea | a separate sheet to this form<br>I Estate You Own or Ha | . On the top of a                 | ny additional pages,  |
|                                   | Yes. Where is the property?  |                                  |   |   |                                   |   |
| ш                                 | roo. Whore is the property.  |                                  | What is the property  | 2 Check all that apply                                  | Do not deduct se                  | cured claims or exemptions. Put                               |
| 1.1                               |  |                                  | Single-family home  | • • •   | the amount of any                 | secured claims on Schedule D:                                 |
|                                   | Street address, if available, or or  | other description                | Duplex or multi-uni   |   | Creditors Who H                   | ave Claims Secured by Property.                               |
|                                   |  |                                  | Condominium or co   | ŭ   | Current value of                  |   |
|                                   |  |                                  | Manufactured or m   | •   | entire property?                  | portion you own?  |
|                                   |  |                                  | Land  |   |                                   |   |
|                                   | Number Street  |                                  | Investment property   | ,   | Describe the na                   | ture of your ownership  |
|                                   |  |                                  | Timeshare   |   | the entireties.                   | s fee simple, tenancy by<br>r a life estate), if known.       |
|                                   | City State   | Zip Code                         | Other   | <u> </u>  |                                   |   |
|                                   |  |                                  | Who has an interest   | in the property? Check one.                             | Check if this                     | s is community property                                       |
|                                   |  |                                  | Debtor 1 only   | in the property: Oncorone.                              | (see instruc                      |   |
|                                   |  |                                  | Debtor 2 only   |   |                                   |   |
|                                   |  |                                  | Debtor 1 and Debtor   | or 2 only   |                                   |   |
|                                   |  |                                  |   | debtors and another                                     |                                   |   |
|                                   |  |                                  | _   | u wish to add about this item                           | n, such as local                  |   |
| If you                            | own or have more than one, list h  | ere:                             | , ., . ,  |   |                                   |   |
|                                   |  |                                  | What is the property  | ? Check all that apply.                                 |                                   | cured claims or exemptions. Put                               |
| 1.2                               | Otront address if a cilable and  | -41                              | _ Single-family home  | ;   |                                   | secured claims on Schedule D: ave Claims Secured by Property. |
|                                   | Street address, if available, or o   | other description                | Duplex or multi-uni   | t building  |                                   | , ,   |
|                                   |  |                                  | Condominium or co   | operative   | Current value of entire property? |   |
|                                   |  |                                  | Manufactured or m   | obile home  |                                   |   |
|                                   | <del></del>  |                                  | Land  |   |                                   |   |
|                                   | Number Street  |                                  | Investment property   | !   | Describe the na interest (such as | ture of your ownership<br>s fee simple, tenancy by            |
|                                   |  |                                  | Timeshare Other   |   |                                   | r a life estate), if known.                                   |
|                                   | City State   | Zip Code                         | Ounci   |   |                                   | -   |
|                                   |  |                                  | Who has an interest   | in the property? Check one.                             | Check if this                     | s is community property                                       |
|                                   |  |                                  | Debtor 1 only   | and property i emean and                                | (see instruc                      |   |
|                                   |  |                                  | Debtor 2 only   |   | _                                 |   |
|                                   |  |                                  | Debtor 1 and Debtor   | or 2 only   |                                   |   |
|                                   |  |                                  | At least one of the o   | •   |                                   |   |
|                                   |  |                                  | _   | u wish to add about this iten                           | such as local                     |   |
|                                   |  |                                  | property identification   | n number:   | i, sucii as iUCal                 |   |

| Debtor 1 Jennife Case 16-23054 Doc 1 First Name Middle Name   | Filed 07/41-9/16 Entered 07/41-9/11  | ് ഷിമാപ് 16: <u>54 Desc Main</u>   |
|---|--|--|
| 1.3 Street address, if available, or other description  | Docume Name Page 11 of 66  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home                        | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own? |
| Number Street  City State Zip Code  | Land Investment property Timeshare Other   | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  |
|   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this item,    | Check if this is community property (see instructions)   |
| you have attached for Part 1. Write that number he Part 2: Describe Your Vehicles   | all of your entries from Part 1, including any entries ere   | <b>&gt;</b>  |
| rou own that someone else drives. If you lease a vehicle, a 3. Cars, vans, trucks, tractors, sport utility vehicles, motor No | in any vehicles, whether they are registered or not? I<br>also report it on Schedule G: Executory Contracts and Unex<br>cycles   |  |
| Yes  3.1 Make  Model:  Year:  Approximate mileage:  Other information:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the entire property?  Current value of the portion you own? |
| 3.2 Make  Model:  Year:  Approximate mileage:   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.  Current value of the Current value of the                                    |
| Other information:  | Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)  | entire property? portion you own?  |

| otor 1          | JennifeCase 16-23054 Doc 1 First Name Middle Name   | Filed 07/19/16 Entered 07/19/16   | 6∉1424416: <u>54 Des</u>  |  |  |
|-----------------|---|---|---|--|--|
| 2.2             |   | DocumerName Page 12 of 66 Who has an interest in the property? Check  | De west de divet en evine d'el  | lainea an ann an a  |  |
| 3.3             | Make<br>Model:  | one.  | Do not deduct secured claims or exemptions. Put<br>the amount of any secured claims on Schedule D:  |  |  |
|                 | Year:   | Debtor 1 only   | •   | nims Secured by Property   |  |
|                 | Approximate mileage:  | Debtor 2 only   |   | , , ,  |  |
|                 | ··· ———   | <b>=</b> '  | Current value of the  | Current value of the   |  |
|                 | Other information:  | Debtor 1 and Debtor 2 only  | entire property?  | portion you own?   |  |
|                 |   | At least one of the debtors and another   |   |  |  |
|                 |   | Check if this is community property (see instructions)  |   |  |  |
| 3.4             | Make  | Who has an interest in the property? Check  | Do not deduct secured cl  | •  |  |
|                 | Model:  | one.  |   | ed claims on Schedule D:   |  |
|                 | Year: Approximate mileage:  | Debtor 1 only   | Creditors vvno Have Cia   | ims Secured by Property  |  |
|                 | Approximate mileage.  | Debtor 2 only   | Current value of the  | Current value of the   |  |
|                 | Other information:  | Debtor 1 and Debtor 2 only  | entire property?  | portion you own?   |  |
|                 |   | At least one of the debtors and another   |   |  |  |
|                 |   | Check if this is community property (see  |   |  |  |
|                 | · · · · · · · · · · · · · · · · · · ·   | instructions)  ner recreational vehicles, other vehicles, and access ft, fishing vessels, snowmobiles, motorcycle accessories   |   |  |  |
| Exa             | mples: Boats, trailers, motors, personal watercraf  No  Yes  Make   | ter recreational vehicles, other vehicles, and access ft, fishing vessels, snowmobiles, motorcycle accessories  Who has an interest in the property? Check  | Do not deduct secured cl  | aims or exemptions. Put  |  |
| Exa  ✓          | mples: Boats, trailers, motors, personal watercraf  No  Yes  Make  Model:   | who has an interest in the property? Check one.   | Do not deduct secured cl<br>the amount of any secure  | ed claims on <i>Schedule D:</i>  |  |
| Exa  ✓          | mples: Boats, trailers, motors, personal watercraf  No Yes  Make  Model: Year:  | who has an interest in the property? Check one.  Debtor 1 only  | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla  | ed claims on Schedule D:<br>nims Secured by Property   |  |
| Exa  ✓          | mples: Boats, trailers, motors, personal watercraf  No Yes  Make  Model: Year: Approximate mileage:   | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only  | Do not deduct secured of the amount of any secure Creditors Who Have Cla  | ed claims on Schedule D:<br>nims Secured by Property<br>Current value of the   |  |
| Exa  ✓          | mples: Boats, trailers, motors, personal watercraf  No Yes  Make  Model: Year:  | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla  | ed claims on Schedule D:<br>nims Secured by Property   |  |
| Exa  ✓          | mples: Boats, trailers, motors, personal watercraf  No Yes  Make  Model: Year: Approximate mileage:   | who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  | Do not deduct secured of the amount of any secure Creditors Who Have Cla  | ed claims on Schedule D:<br>nims Secured by Propert<br>Current value of the  |  |
| Exa             | mples: Boats, trailers, motors, personal watercraf  No Yes  Make  Model: Year: Approximate mileage:   | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | Do not deduct secured of the amount of any secure Creditors Who Have Cla  | ed claims on Schedule Daims Secured by Propert  Current value of the   |  |
| Exa  ✓  4.1     | mples: Boats, trailers, motors, personal watercraf  No Yes  Make  Model: Year: Approximate mileage:   | who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this is community property (see  | Do not deduct secured of the amount of any secure Creditors Who Have Clat Current value of the entire property?   | ed claims on Schedule Daims Secured by Propert  Current value of the portion you own?  aims or exemptions. Put   |  |
| Exa<br>✓<br>4.1 | mples: Boats, trailers, motors, personal watercraft  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model:                            | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.   | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure.   | ed claims on Schedule Dims Secured by Propertion You own?  daims or exemptions. Put ed claims on Schedule D.   |  |
| 4.1             | mples: Boats, trailers, motors, personal watercraft  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year:  Make Model: Year:   | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check  | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure.   | ed claims on Schedule D.  ims Secured by Propert  Current value of the portion you own?  daims or exemptions. Put ad claims on Schedule D.   |  |
| Exa<br>✓<br>4.1 | mples: Boats, trailers, motors, personal watercraft  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model:                            | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one.   | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure.   | ed claims on Schedule Daims Secured by Property Current value of the portion you own?  daims or exemptions. Put ad claims on Schedule Daims  |  |
| 4.1             | mples: Boats, trailers, motors, personal watercraft  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year:  Make Model: Year:   | who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only  Debtor 1 and Debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only  Check if this is community property (see instructions)  | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Classifications                     | ed claims on Schedule D: hims Secured by Propert Current value of the portion you own?  daims or exemptions. Put ed claims on Schedule D: hims Secured by Propert                    |  |
| Exa  ✓  4.1     | mples: Boats, trailers, motors, personal watercraft  No Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: | who has an interest in the property? Check one.  Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 2 only Debtor 3 and Debtor 4 only Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property?  Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the | d claims on Schedule D: ims Secured by Propert Current value of the portion you own?  daims or exemptions. Put ded claims on Schedule D: ims Secured by Propert Current value of the |  |

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**Describe Your Personal and Household Items** 

| D        | o you own or ha                                     | ve any legal or equitable interest in any of the following items?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|----------|---|--|--|
| 6        | . Household goods                                   | and furnishings  |  |
|          | Examples: Major appl                                | iances, furniture, linens, china, kitchenware  |  |
|          | No  |  |  |
|          | Yes. Describe                                       | Used   | \$4,000,00   |
|          |   |  | \$1000.00  |
|          |   | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music  |  |
| Ш        | No  |  |  |
| ✓        | Yes. Describe                                       | Used   | \$175.00   |
| 9        | . Collectibles of value                             | IA   |  |
|          | Examples: Antiques a                                | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; n, or baseball card collections; other collections, memorabilia, collectibles |  |
| <b>✓</b> | No  |  |  |
|          | Yes. Describe                                       |  |  |
|          |   | orts and hobbies otographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes s; carpentry tools; musical instruments                |  |
| <b>V</b> | No  |  |  |
|          | Yes. Describe                                       |  |  |
|          | No  | es, shotguns, ammunition, and related equipment  |  |
| Н        | Yes. Describe                                       |  |  |
|          | 1. Clothes<br>Examples: Everyday o<br>No            | clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| ✓        | Yes. Describe                                       | Used   | \$500.00   |
|          | <b>2. Jewelry</b> Examples: Everyday je gold, silve | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, r   |  |
| H        |   | 111  |  |
| ⊻        | Yes. Describe                                       | Used   | \$200.00   |
|          | 3. Non-farm animals<br>Examples: Dogs, cats         |  |  |
| <b>✓</b> | No  |  |  |
|          | Yes. Describe                                       |  |  |
| .        | 4. 4  |  |  |
|          | 4. Any other person No                              | al and household items you did not already list, including any health aids you did not list  |  |
| Ė        | Yes. Describe                                       |  |  |
| _ ا      | E Add the Jelley!                                   | tro of all of your outring from Dout 2 including any outring for your outring at 1   |  |
|          |   | lue of all of your entries from Part 3, including any entries for pages you have attached number here  | <u>\$1875.00</u>   |

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**✓** No

them

Yes. Give specific information about

Name of entity

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**Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes 17.1. Checking account: Bank of America \$81.50 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No Institution or issuer name: Yes 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

% of ownership:

Jennife Case 16-23054 Doc 1 Document Page 15 of 66 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about Issuer name: them.... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Type of account: Institution name: Yes. List each account separately. 401(k) or similar plan: **Employer** 401(k) or similar plan: Pension plan: Pension plan: IRA: IRA: Retirement account: Retirement account: Keogh: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **✓** No Institution name: Yes.... Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **✓** No Issuer name and description: Yes....

| Debt | or 1     | Jennife Ca<br>First Name       | ase 1     | 6-23054   | Doc 1            |               | <u>07₺₩9√16</u><br>cum <sup>æ</sup> nt   |                 |                   | 6@1424416: <u>54</u>           | Des             | sc Main   |
|------|----------|--------------------------------|-----------|---|------------------|---------------|--|-----------------|-------------------|--------------------------------|-----------------|---|
| 24.  |          |                                |           | ation IRA, in a<br>), 529A(b), and                      |                  | a qualifie    | d ABLE progra                            | m, or under     | a qualified sta   | te tuition program.            |                 |   |
|      |          | No<br>Yes                      | Instituti | on name and d   | lescription. Sep | parately file | the records of a                         | ny interests.1  | 1 U.S.C. § 521(   | c):                            |                 |   |
| 25.  | exe      | rcisable fo<br>No              | r your    |   | ts in property   | (other th     | an anything lis                          | ted in line 1)  | , and rights or   | powers                         |                 |   |
|      | Ц        | Yes. Desc                      |           |   |                  |               |  |                 |                   |                                |                 |   |
| 26.  | Exa.     |                                | rnet don  |   |                  |               | r intellectual pro<br>yalties and licens |                 | nts               |                                |                 |   |
| 27.  | Exa      |                                | ding pe   | n, and other ge   |                  |               | ssociation holdin                        | gs, liquor lice | enses, professio  | nal licenses                   |                 |   |
| Mor  | ey (     | or prope                       | erty ov   | ved to you'   | ?                |               |  |                 |                   |                                | <b>po</b><br>Do | ortion you own? not deduct secured ims or exemptions. |
| 28.  | _        | refunds ov                     | ved to y  | /ou   |                  |               |  |                 |                   |                                |                 |   |
|      |          | Yes. Give s<br>about<br>you al | them, in  | nformation<br>ncluding wheth<br>led the returns<br>ears | er               |               |  |                 |                   | Federal: State: Local:         |                 |   |
| 29.  |          | ily suppor                     |           | ump sum alimo   | nv. spousal sui  | pport, child  | l support. mainte                        | nance, divord   | e settlement, pro | operty settlement              | •               |   |
|      | <u> </u> | No                             |           | nformation  |                  |               |  |                 |                   | Alimony: Maintenance: Support: |                 |   |
|      |          |                                |           |   |                  |               |  |                 |                   | Divorce settlement             | •               |   |
|      | Exan     | <i>nples:</i> Unpa             | aid wage  | one owes you<br>es, disability ins<br>rity benefits; un | urance payme     |               | lity benefits, sick<br>omeone else       | pay, vacation   | pay, workers' co  | Property settlemen mpensation, | Ľ.              |   |
|      | 一        | Yes. Descri                    | ibe       |   |                  |               |  |                 |                   |                                |                 |   |

| Deb  | tor 1  | JennifeCase 16 First Name   | 6-23054           | Doc 1<br>Middle Name | Filed 07/1/9/16 Document                              | <u>Entered</u> @₮⁄₄₤�⁄₄<br>Page 17 of 66 | <b>L6</b> (142):16: <u>54 D</u> | esc Main   |
|------|--------|---|-------------------|----------------------|---|--|---------------------------------|--|
| 31.  |        | rests in insurance particular in insurance particular in insurance properties |                   | rance; health        |   | edit, homeowner's, or renter             | r's insurance                   |  |
|      |        | No<br>Yes. Name the insur<br>of each policy and lis   |                   |                      | Company name:   |  | Beneficiary:                    | Surrender or refund value:   |
| 32.  | If you |   | of a living trust |                      | meone who has died<br>ceeds from a life insurance p   | policy, or are currently entitle         | d to receive                    |  |
| 33.  |        |   |                   |                      | have filed a lawsuit or more claims, or rights to sue | ade a demand for paymer                  | nt                              |  |
|      |        | No<br>Yes. Describe   |                   |                      |   |  |                                 |  |
| 34.  |        | er contingent and o<br>et off claims  | unliquidated      | claims of ev         | very nature, including co                             | unterclaims of the debtor                | and rights                      |  |
|      | H      | No<br>Yes. Describe   |                   |                      |   |  |                                 |  |
| 35.  | _      | financial assets yo   | u did not alrea   | ady list             |   |  |                                 |  |
|      |        | Yes. Describe   |                   |                      |   |  |                                 |  |
| 36.  |        |   | -                 |                      |   | es for pages you have att                |                                 | \$81.50  |
| Part | 5:     | Describe Any B  | usiness-Re        | elated Pro           | perty You Own or Ha                                   | ave an Interest In. Lis                  | st any real estate i            | n Part 1.  |
| 37.  | Do y   | ou own or have an   | y legal or equ    | uitable intere       | est in any business-relate                            | d property?                              |                                 |  |
|      |        | No. Go to Part 6.<br>Yes. Go to line 38.  |                   |                      |   |  |                                 | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38.  | Acc    | ounts receivable or   | commissions       | s you alread         | y earned  |  |                                 |  |
|      | =      | No<br>Yes. Describe   |                   |                      |   |  |                                 |  |
| 39.  | Offic  | ce equipment, furn  |                   |                      |   |  |                                 |  |
|      |        | nples: Business-rela<br>No  | ted computers     | , software, m        | odems, printers, copiers, fa                          | x machines, rugs, telephone              | s, desks, chairs, electron      | ic devices   |
|      |        | Yes. Describe   |                   |                      |   |  |                                 |  |

| Deb          | tor 1 Jennife Case 10                 |   | SC Main                               |
|--------------|---------------------------------------|---|---------------------------------------|
| 40.          | First Name  Machinery, fixtures, equ  | Middle Name Documer Page 18 of 66 uipment, supplies you use in business, and tools of your trade                      |                                       |
|              | <b>✓</b> No                           |   |                                       |
|              | Yes. Describe                         |   |                                       |
| 41.          | Inventory                             |   |                                       |
|              | ✓ No                                  |   |                                       |
|              | Yes. Describe                         |   |                                       |
| 42.          | Interests in partnershi               | ps or joint ventures  |                                       |
|              | ✓ No                                  | Name of entity: % of ownership:   |                                       |
|              | Yes. Give specific                    | Name of entry. // Of ownership.   |                                       |
|              | information about<br>them             | <del></del>   |                                       |
|              |                                       |   |                                       |
| 43. <b>(</b> | Customer lists, mailing               | ists, or other compilations   |                                       |
|              | √ No                                  | •   |                                       |
|              | _                                     | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?                                       |                                       |
|              | —<br>∏ No                             |   |                                       |
|              | Yes. Descri                           | be  |                                       |
|              | _                                     |   |                                       |
| 44.          | _                                     | roperty you did not already list  |                                       |
|              | ✓ No                                  |   | _                                     |
|              | Yes. Give specific information        |   |                                       |
|              |                                       |   |                                       |
|              |                                       |   |                                       |
|              |                                       |   |                                       |
|              |                                       |   | <del>-</del>                          |
|              |                                       |   | <del>-</del>                          |
| 15. A        | dd the dollar value of al             | of your entries from Part 5, including any entries for pages you have attached  |                                       |
|              | art 5. Write that number              |   |                                       |
| Part         |                                       | arm- and Commercial Fishing-Related Property You Own or Have an Interest In. interest in farmland, list it in Part 1. |                                       |
| 46.          | Do you own or have a                  | y legal or equitable interest in any farm- or commercial fishing-related property?                                    |                                       |
|              | No. Go to Part 7.                     |   | Current value of the portion you own? |
|              | Yes. Go to line 47.                   |   | Do not deduct secured claims          |
|              |                                       |   | or exemptions                         |
| 47.          | Farm animals Examples: Livestock, pou | ltry, farm-raised fish  |                                       |
|              | <b>✓</b> No                           |   |                                       |
|              | Yes. Describe                         |   |                                       |

| Deb          | tor 1 JennifeCase<br>First Name              | 16-23054             | Doc 1           | Filed 07619/10 Document | <u>Entered</u> <b>0</b> 74 Page 19 of 6 | /al•9/11.6 /al≈2;√116: <u>54</u><br>.6 | Desc     | Main        |
|--------------|--|----------------------|-----------------|-------------------------|---|--|----------|-------------|
| 48.          | Crops-either grov                            | ing or harvested     | i               | Document                | r age 13 or o                           |  |          |             |
|              | <b>✓</b> No                                  |                      |                 |                         |   |  |          |             |
|              | Yes. Describe.                               |                      |                 |                         |   |  |          |             |
| 49.          | Farm and fishing                             | equipment, imple     | ements, mach    | inery, fixtures, and to | ols of trade                            |  |          |             |
|              | <b>✓</b> No                                  |                      |                 |                         |   |  |          |             |
|              | Yes. Describe.                               |                      |                 |                         |   |  |          |             |
| 50.          | Farm and fishing                             | supplies, chemic     | als, and feed   |                         |   |  |          |             |
|              | <b>✓</b> No                                  |                      |                 |                         |   |  |          |             |
|              | Yes. Describe.                               |                      |                 |                         |   |  |          |             |
| F4           | A  |                      |                 | d                       | li-4                                    |  |          |             |
| 51.          |  | nmerciai tisning-i   | related proper  | rty you did not already | list                                    |  |          |             |
|              | ✓ No  Yes. Describe.                         |                      |                 |                         |   |  |          |             |
|              | res. Describe.                               | •                    |                 |                         |   |  |          |             |
| 52 A         | dd the dollar value                          | of all of your entr  | ries from Part  | 6, including any entri  | es for pages you have                   | attached                               |          |             |
|              |  |                      |                 |                         |   |  | -        |             |
|              |  |                      |                 |                         |   |  |          |             |
|              |  |                      |                 |                         |   |  |          |             |
| Part         |  |                      |                 | ave an Interest in      | That You Did Not                        | List Above                             |          |             |
| 53.          | Do you have other<br>Examples: Season t      |                      |                 | not already list?       |   |  |          |             |
|              | ✓ No   | , , ,                |                 |                         |   |  |          |             |
|              | Yes. Give spec                               | fic                  |                 |                         |   |  |          |             |
|              | information                                  |                      |                 |                         |   |  |          |             |
|              |  |                      |                 |                         |   |  |          |             |
|              |  |                      |                 |                         |   |  |          |             |
| 54. A        | dd the dollar value                          | of all of your entr  | ries from Part  | 7. Write that number I  | ere                                     |  | <b>•</b> |             |
|              |  |                      |                 |                         |   |  |          |             |
|              |  |                      |                 |                         |   |  |          |             |
| Part         | 8: List the Tot                              | als of Each Pa       | art of this F   | orm                     |   |  |          |             |
| 55. <b>F</b> | Part 1: Total real est                       | ate, line 2          |                 |                         |   |  |          |             |
| FC           |  | line F               |                 |                         |   |  |          |             |
| 1            | oart 2 total vehicles<br>art 3: Total person |                      | itame lina 15   | <del></del>             |   |  |          |             |
|              |  |                      | items, inte     | \$1875                  | 00                                      |  |          |             |
|              | art 4: Total financia                        |                      |                 | \$81.50                 |   |  |          |             |
| 59. <b>F</b> | Part 5: Total busine                         | ss-related proper    | rty, line 45    |                         |   |  |          |             |
| 60. <b>F</b> | Part 6: Total farm- a                        | nd fishing-relate    | d property, lin | ne 52                   |   |  |          |             |
| 61. <b>F</b> | Part 7: Total other p                        | roperty not listed   | d, line 54      |                         |   |  |          |             |
| 62. 1        | Total personal prop                          | erty. Add lines 56 t | through 61      | \$1956                  | 50                                      |  |          | + \$1956.50 |
|              |  |                      |                 | 4.000                   | <u></u>                                 | Copy personal property to              | tal ►    |             |
|              |  |                      |                 |                         |   |  |          | \$1956.50   |
| 63. <b>T</b> | otal of all property                         | on Schedule A/B      | . Add line 55 + | line 62                 |   |  |          |             |

| Filli  | n this inform   | Case 16-23054 ation to identify your case:  | Doc 1 Filed 07   | /19/16 Entered 07/  | 19/16 12:16:54   | Desc Main   |
|--|---|---|--|---|--|---|
|  | otor 1  | Jennifer<br>First Name  | Middle Name  | Bekoe<br>Last Name  |  |   |
|  | otor 2<br>ouse, if filing   | First Name  | Middle Name  | Last Name   |  |   |
| Unit   | ed States Ba  | ankruptcy Court for the:  | Northern [   | District of Illinois  |  |   |
|  | e number<br>nown)   |   |  | (State)   |  |   |
| Of   | ficial F  | orm 106C  |  |   | _  | Check if this is a amended filing   |
| Sc   | hedul   | e C: The Prop   | erty You Claim   | as Exempt   |  | 12/1  |
| For is to exercise the control of th | each item o state a s mpted up eive certa mption of perty is d  Item Which set You ar | n of property you class pecific dollar amount to the amount of an in benefits, and tax-of 100% of fair market etermined to exceed ify the Property You of exemptions are you class e claiming state and federal e claiming federal exemptions | t as exempt. Alternative applicable statutory exempt retirement function value under a law that that amount, your execution as Exempt aiming? Check one only, even nonbankruptcy exemptions. 11 u.s.c. § 522(b)(2) | est specify the amount of vely, you may claim the state of limit. Some exemptions and series that the exemption to emption would be limited and if your spouse is filing with your U.S.C. § 522(b)(3) | full fair market values—such as those for dollar amount. However a particular dollar dotte to the applicable s | r health aids, rights to<br>wever, if you claim an<br>amount and the value of the |
| 2.   |   |   | ·  | empt, fill in the information be  |  | nific lavo that allow avamentian  |
|  |   | ription of the property an<br>ale A/B that lists this prop  |  | Amount of the exemption y  Check only one box for each e  | ·  | cific laws that allow exemption   |
|  |   |   | Copy the value from<br>Schedule A/B  |   |  |   |
|  | Brief<br>description  | : Used  | \$500.00   | <b>7</b>  |  | 735 ILCS 5/12-1001(a)   |
|  | Line from<br>Schedule A   |   |  | \$500.0  100% of fair market value, applicable statutory limit  |  |   |
|  | Brief<br>description  | : Used  | \$1,000.00   | <b>7</b>  |  | 735 ILCS 5/12-1001(b)   |
|  | Line from Schedule A  |   |  | \$1,000.0  100% of fair market value, applicable statutory limit  |  |   |
| 3.   | (Subject to   | adjustment on 4/01/19 and e   | • •  | <b>5?</b> es filed on or after the date of adjunction  n 1,215 days before you filed this   | ,  |   |

☐ No

Filed 07/19/16 Entered 07/19/16 1/2:16:54 Desc Main JennifeCase 16-23054 Doc 1

Debtor 1 Page 21 of 66 Documetnt entered Part 2: **Additional Page** Brief description of the property and line Current value of Amount of the exemption you claim Specific laws that allow exemption on Schedule A/B that lists this property the portion you Check only one box for each exemption. own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(a) \$200.00 **V** description: Used \$200.00 Line from 100% of fair market value, up to any 12 Schedule A/B: applicable statutory limit 735 ILCS 5/12-1001(b) Brief \$81.50 **V Bank of America** description: Line from

**✓** 

\$175.00

100% of fair market value, up to any

100% of fair market value, up to any

100% of fair market value, up to any

\$175.00

applicable statutory limit

applicable statutory limit

applicable statutory limit

Schedule A/B:

description:

Schedule A/B:

description:

Schedule A/B:

Line from

Line from

Brief

Brief

17

**Employer** 

21

07

735 ILCS 5/12-704

735 ILCS 5/12-1001(b)

| Fill in this informa            | Case 16-23054 ation to identify your case:  |                                 | Filed 07/19/16                         | Entered 07/19/                                 | /16 12:16:54  | Desc Main   |                                   |
|---------------------------------|---|---------------------------------|--|--|---|---|-----------------------------------|
| Debtor 1                        | Jennifer<br>First Name  | Middle I                        | Bekoe<br>Name Last N                   | ame  |   |   |                                   |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle I                        | Name Last N                            | ame  |   |   |                                   |
|                                 | nkruptcy Court for the:   | Northern                        | District of Illi                       | nois<br>state)                                 |   |   |                                   |
| Case number (If known)          |   |                                 |  |  |   | Псь   | eck if this is ar                 |
|                                 | orm 106D<br>le D: Credite   | ors Who                         | Have Clain                             | ns Secured                                     | by Prope  | am  | ended filing                      |
| Be as comple<br>correct inforr  | ete and accurate as<br>mation. If more space<br>top of any addition                       | possible. If t<br>ce is needed, | wo married people<br>copy the Addition | are filing together<br>al Page, fill it out, i | , both are equally  | y responsible for                                     | supplying                         |
| No. Ch                          | ditors have claims secur<br>neck this box and submit th<br>Il in all of the information b | is form to the cour             | •                                      | s. You have nothing else t                     | to report on this form.   |   |                                   |
| Part 1: List A                  | All Secured Claims  |                                 |  |  |   |   |                                   |
| claim. If mor                   | ured claims. If a creditor he than one creditor has a the claims in alphabetica           | particular claim, li            | st the other creditors in Pa           | • •  | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |

|                              |   | Case 16-23054   |  | 07/19/16   | Entered 07   | <u>/1</u> 9/16 12:16:54                          | Desc                               | Main                         |                               |
|------------------------------|---|---|--|--|--|--|------------------------------------|------------------------------|-------------------------------|
| Fill in                      | this informa                                    | tion to identify your case  | ):<br>   |  | goo  |  |                                    |                              |                               |
| Debto                        |   | Jennifer  | NC LIL NI  | Bekoe  |  |  |                                    |                              |                               |
| Dalata                       |   | First Name  | Middle Name  | Last N   | ame  |  |                                    |                              |                               |
| Debto<br>(Spou               |   | First Name  | Middle Name  | Last N   | ame  |  |                                    |                              |                               |
| United                       | d States Ba                                     | nkruptcy Court for the:   | Northern   | District of Illi   |  |  |                                    |                              |                               |
|                              | number  |   |  | (8   | State)   |  |                                    |                              |                               |
| (If kno                      | wn)   |   |  |  |  |  |                                    |                              |                               |
| Offi                         | cial Fo   | rm 106E/F   |  |  |  |  | Chec                               | ck if this is an             | amended filing                |
| Scl                          | hedu  | le E/F: Cre   | ditors Who   | Have U   | nsecure  | d Claims   |                                    |                              | 12/15                         |
| 106Å/E<br>are list<br>the bo | B) and on Sted in Sche<br>xes on the            | Schedule G: Executory edule D: Creditors Who left. Attach the Contin                      | xpired leases that could in Contracts and Unexpire to Hold Claims Secured between Page to this page Y Unsecured Claims                               | d Leases (Officiand of the season of the season of the top of a season of the season o | al Form 106G). Do<br>ore space is neede                | not include any creditored, copy the Part you no | ors with parti<br>eed, fill it out | ally secured<br>, number the | l claims that<br>e entries in |
| 1.                           |   | ditors have priority und<br>to Part 2.  | secured claims against yo  | ou?  |  |  |                                    |                              |                               |
| i<br>F<br>I                  | dentify what<br>possible, list<br>Part 1. If mo | t type of claim it is. If a cla<br>the claims in alphabetic<br>ore than one creditor hold | claims. If a creditor has maim has both priority and no al order according to the cruds a particular claim, list the claim, see the instructions for | npriority amounts,<br>editor's name. If y<br>e other creditors in  | list that claim here a<br>ou have more than<br>Part 3. | and show both priority an                        | d nonpriority a                    | amounts. As r                | much as                       |
|                              |   |   |  |  |  |  | Total claim                        | Priority amount              | Nonpriority amount            |
|                              |   |   |  |  |  |  |                                    |                              |                               |

Filed 07/19/16 Entered 07/19/16 16:54 Desc Main Doc 1 JennifeCase 16-23054 Debtor 1 Documernt Page 24 of 66 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 ACCEPTANCE NOW \$0.00 Last 4 digits of account number 2067 Nonpriority Creditor's Name 5501 Headquarters Dr When was the debt incurred? 3/1/2009 Number Street As of the date you file, the claim is: Check all that apply. Contingent Plano Texas 75024 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt 024 UnknownLoanType Is the claim subject to offset? Other. Specify **✓** No Yes 4.2 Advocate Good Samaritan Hospital \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3039 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60522 Hinsdale Illinois Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Is the claim subject to offset? Other. Specify Unsecured **✓** No Yes 4.3 CONVERGENT OUTSOURCING \$228.00 Last 4 digits of account number 7659 Nonpriority Creditor's Name Po Box 9004 When was the debt incurred? 5/1/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent Renton Washington 98057 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed ✓ Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only

✓ No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

Other. Specify

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

001 Collection; Collecting for ORIGINAL

CREDITOR: COMCAST

you did not report as priority claims

| After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. |  |   |            |  |
|--|--|---|------------|--|
| 4.4  | DIVERSIFIED  | Last 4 digits of account number 5325  | \$2,484.00 |  |
|  | Nonpriority Creditor's Name<br>Po Box 1391             | When was the debt incurred? 8/1/2011  |            |  |
|  | Number Street  |   |            |  |
|  |  | As of the date you file, the claim is: Check all that apply.  Contingent                                |            |  |
|  | Southgate Michigan 48195                               |   |            |  |
|  | City State Zip Code Who incurred the debt? Check one.  | Unliquidated  |            |  |
|  | Debtor 1 only  | Disputed  |            |  |
|  | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |            |  |
|  | Debtor 1 and Debtor 2 only                             | Student loans   |            |  |
|  | At least one of the debtors and another                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |
|  | Check if this claim relates to a community debt        | Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |
|  | Is the claim subject to offset?                        | Collection; Collecting for ORIGINAL   |            |  |
|  | <b>✓</b> No  | Other. Specify CREDITOR: 11 TMOBILE   |            |  |
|  | Yes  |   |            |  |
| 4.5  | DSNB MACYS   | — Last 4 digits of account number 8501  | \$212.00   |  |
|  | Nonpriority Creditor's Name<br>9111 Duke Blvd          | When was the debt incurred? 5/1/2008  |            |  |
|  | Number Street  |   |            |  |
|  |  | As of the date you file, the claim is: Check all that apply.  Contingent                                |            |  |
|  | Mason Ohio 45040                                       |   |            |  |
|  | City State Zip Code Who incurred the debt? Check one.  | Unliquidated  |            |  |
|  | Debtor 1 only  | Disputed  |            |  |
|  | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |            |  |
|  | Debtor 1 and Debtor 2 only                             | Student loans   |            |  |
|  | At least one of the debtors and another                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |
|  | Check if this claim relates to a community debt        | Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |
|  | Is the claim subject to offset?                        | ✓ Other. Specify <u>CreditCard</u>  |            |  |
|  | ✓ No   |   |            |  |
|  | Yes  |   |            |  |
| 4.6  | GO FINANCIAL   | Last 4 digits of account number 1901  | \$8,053.00 |  |
|  | Nonpriority Creditor's Name<br>4020 E INDIAN SCHOOL RD | When was the debt incurred? 10/1/2012   |            |  |
|  | Number Street  |   |            |  |
|  |  | As of the date you file, the claim is: Check all that apply.  Contingent                                |            |  |
|  | PHOENIX Arizona 85018                                  | Unliquidated  |            |  |
|  | City State Zip Code Who incurred the debt? Check one.  |   |            |  |
|  | Debtor 1 only  | Disputed  |            |  |
|  | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |            |  |
|  | Debtor 1 and Debtor 2 only                             | Student loans   |            |  |
|  | At least one of the debtors and another                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |
|  | Check if this claim relates to a community debt        | Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |
|  | Is the claim subject to offset?                        | ✓ Other. Specify 050 Automobile   |            |  |
|  | ✓ No   |   |            |  |
|  | Yes  |   |            |  |

Debtor 1 JennifeCase 16-23054 Doc 1 Filed 07/19/16 Entered 07/19/16 Ak2iv16:54 Desc Main
First Name Document Page 26 of 66

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page Debtor 1 JennifeCase 16-23054 Doc 1 First Name Middle Name

|     | After listing any entries on this page, number them beginning wi | th 4.5 followed by 4.6 and so forth   | Total claim     |
|-----|--|---|-----------------|
| 4.7 | GREATER SUBURBAN ACCEP   | ui 4.5, followed by 4.0, and 30 forth.  |                 |
| 4.7 | Nonpriority Creditor's Name                                      | Last 4 digits of account number 9401  | \$2,066.00      |
|     | 3230-0 PÉACHTREE   | When was the debt incurred? 10/1/2008   |                 |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.  |                 |
|     |  | Contingent  |                 |
|     | NORCROSS Georgia 30092 City State Zip Code                       | Unliquidated  |                 |
|     | Who incurred the debt? Check one.                                | Disputed  |                 |
|     | ✓ Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                 |
|     | Debtor 2 only  |   |                 |
|     | Debtor 1 and Debtor 2 only                                       | Student loans   |                 |
|     | At least one of the debtors and another                          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
|     | Check if this claim relates to a community debt                  | Debts to pension or profit-sharing plans, and other similar debts                                       |                 |
|     | Is the claim subject to offset?                                  | ✓ Other. Specify 048 Automobile   |                 |
|     | No   | <u> </u>  |                 |
|     | Yes  |   |                 |
| 4.0 | I C SYSTEM INC   |   | <b>#</b> 400.00 |
| 4.8 | Nonpriority Creditor's Name                                      | - Last 4 digits of account number7001   | \$128.00        |
|     | PO BOX 64378   | When was the debt incurred? 9/1/2014  |                 |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.  |                 |
|     |  | Contingent  |                 |
|     | SAINT PAUL Minnesota 55164 City State Zip Code                   | Unliquidated  |                 |
|     | Who incurred the debt? Check one.                                | Disputed  |                 |
|     | ✓ Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                 |
|     | Debtor 2 only  | Ë   |                 |
|     | Debtor 1 and Debtor 2 only                                       | Student loans   |                 |
|     | At least one of the debtors and another                          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
|     | Check if this claim relates to a community debt                  | Debts to pension or profit-sharing plans, and other similar debts                                       |                 |
|     | Is the claim subject to offset?                                  | ✓ 001 Collection; Collecting for ORIGINAL   |                 |
|     | No   | Other. Specify CREDITOR: AT T UVERSE  |                 |
|     | Yes  |   |                 |
| 4.9 | I C SYSTEM INC   |   | 00.00           |
| ਚ.ਹ | Nonpriority Creditor's Name                                      | Last 4 digits of account number1001   | \$90.00         |
|     | PO BOX 64378<br>Number Street                                    | When was the debt incurred? 3/1/2014  |                 |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.  |                 |
|     |  | Contingent  |                 |
|     | SAINT PAUL Minnesota 55164 City State Zip Code                   | Unliquidated  |                 |
|     | Who incurred the debt? Check one.                                | Disputed  |                 |
|     | Debtor 1 only  | Type of NONPRIORITY unsecured claim:  |                 |
|     | Debtor 2 only  | Ä   |                 |
|     | Debtor 1 and Debtor 2 only                                       | Student loans   |                 |
|     | At least one of the debtors and another                          | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
|     | Check if this claim relates to a community debt                  | Debts to pension or profit-sharing plans, and other similar debts                                       |                 |
|     | Is the claim subject to offset?                                  | ■ 001 Collection; Collecting for ORIGINAL   |                 |
|     | No   | Other. Specify CREDITOR: ATT MIDWEST  |                 |
|     | ☐ Yes  |   |                 |

Debtor 1 Jennife Case 16-23054 Doc 1 Filed 07/19/16 Entered 07/19/16 (1/2):16:54 Desc Main
First Name Middle Name Document Page 27 of 66

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After listing any entries on this page, number them beginning  | g with 4.5, followed by 4.6, and so forth.  | Total claim |
|--|---|-------------|
| 4.10 IQ DATA INT  Nonpriority Creditor's Name po bOX 3563  Number Street   | Last 4 digits of account number 5182  When was the debt incurred? 2/1/2015  As of the date you file, the claim is: Check all that apply.  | \$4,876.00  |
| EVERETT Washington 98213 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ✓ No ☐ Yes | Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collection; Collecting for ORIGINAL CREDITOR: 09 THE WOODLANDS OF Other. Specify CREST HILL AP   |             |
| Stroger Hospital of Cook County   Nonpriority Creditor's Name   1900 W Polk Street   | Last 4 digits of account number  When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify Unsecured | \$0.00      |

Debtor 1

Jennife Case 16-23054 Doc 1 Filed 07/19/16 Entered @7/19/16 @122416:54 Desc Main First Name Document Page 28 of 66 Add the Amounts for Each Type of Unsecured Claim

| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. |   |     |              |  |  |  |
|---|---|-----|--------------|--|--|--|
|   |   | 1   | Total claims |  |  |  |
| Total claims from Part 1  | 6a. Domestic support obligations.   | 6a. | \$0.00       |  |  |  |
| nom rait i  | 6b. Taxes and certain other debts you owe the government  | 6b. | \$0.00       |  |  |  |
|   | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00       |  |  |  |
|   | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$0.00       |  |  |  |
|   | 6e. Total. Add lines 6a through 6d.   | 6e. | \$0.00       |  |  |  |
|   |   | 1   | Total claims |  |  |  |
| Total claims from Part 2  | 6f. Student loans   | 6f. | \$0.00       |  |  |  |
| Hom Fait 2  | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00       |  |  |  |
|   | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00       |  |  |  |
|   | 6i. Other. Add all other nonpriority unsecured claims. Write that ( amount here.                            | 6i. | \$18,137.00  |  |  |  |
|   | 6j. Total. Add lines 6f through 6i.   | 6j. | \$18,137.00  |  |  |  |

|              | Case 16-23054   | . Doc 1 Filed 0                 | 7/19/16 Entere                      | d 07/19/16 12:16:54                 | Desc Main  |
|--------------|---|---------------------------------|-------------------------------------|-------------------------------------|--|
| Fill in th   | nis information to identify your case:  |                                 |                                     | 071012.10.01                        | Dood Main  |
| Debtor       | 1 Jennifer First Name   | Middle Name                     | Bekoe<br>Last Name                  |                                     |  |
| Debtor       |   | Wildule Hairle                  | Lastivaine                          |                                     |  |
|              | e, if filing) First Name  | Middle Name                     | Last Name                           |                                     |  |
| United       | States Bankruptcy Court for the:  | Northern                        | District of Illinois                |                                     |  |
| Case n       | umbor   |                                 | (State)                             |                                     |  |
| (If know     |   |                                 |                                     |                                     |  |
| Offic        | cial Form 106G  |                                 |                                     |                                     | Check if this is ar amended filing                               |
| Sch          | edule G: Executo  | ory Contracts                   | and Unexpire                        | ed Leases                           | 12/15  |
| space is     | omplete and accurate as possibles needed, copy the additional parmber (if known). |                                 |                                     |                                     | ing correct information. If more onal pages, write your name and |
| 1. <b>Do</b> | you have any executory o  | ontracts or unexpired           | leases?                             |                                     |  |
| <b>✓</b>     | No. Check this box and file this form   | n with the court with your othe | r schedules. You have noth          | ning else to report on this form.   |  |
|              | Yes. Fill in all of the information bel   | ow even if the contracts or lea | ases are listed on <i>Schedul</i> e | e A/B: Property (Official Form 106A | /B).   |
|              | separately each person or compicte lease, cell phone). See the ins                |                                 |                                     |                                     |  |
|              | Person or company with whom   | you have the contract or le     | ase                                 | State what the contrac              | t or lease is for  |
|              |   |                                 |                                     |                                     |  |

|            |                           | Case 16-23054               | 4 Doc 1 Filed 0   | )7/19/16 Entered (                    | 07/19/16 12:16:54                  | Desc Main  |
|------------|---------------------------|-----------------------------|---|---------------------------------------|------------------------------------|--|
| Fill       | in this inform            | ation to identify your case |   | Ü                                     | 0/10 12:10:04                      | Description  |
| De         | btor 1                    | Jennifer                    |   | Bekoe                                 |                                    |  |
| D-         | ht 0                      | First Name                  | Middle Name   | Last Name                             |                                    |  |
|            | btor 2<br>ouse, if filing | First Name                  | Middle Name   | Last Name                             | _                                  |  |
| Un         | ited States Ba            | ankruptcy Court for the:    | Northern  | District of Illinois                  | _                                  |  |
|            | se number<br>(nown)       |                             |   | (State)                               | _                                  |  |
|            | · · ·                     |                             |   |                                       |                                    | Check if this is a   |
| $\bigcirc$ | fficial F                 | Form 106H                   |   |                                       |                                    | amended filing   |
|            |                           | -                           | . al a la 4 a m a   |                                       |                                    |  |
| 50         | nedui                     | e H: Your Co                | debtors   |                                       |                                    | 12/1   |
| evei       | ry question.              |                             |   | t list either spouse as a codebto     |                                    | ase number (if known). Answer  |
| 2.         | Louisiana, N              | •                           | ived in a community proper<br>erto Rico, Texas, Washington, | · · · · · · · · · · · · · · · · · · · | unity property states and territon | ies include Arizona, California, Idaho,  |
|            |                           |                             | ouse, or legal equivalent live v                            | with you at the time?                 |                                    |  |
|            | ☐ Y                       |                             | tate or territory did you live? _                           | Fill in the                           | name and current address of th     | at person.   |
|            |                           | Name of your spouse, for    | ormer spouse, or legal equival                              | ent                                   | -                                  |  |
|            |                           | Number Street               |   |                                       | -                                  |  |
|            |                           | City                        | State   | Zip Code                              | -                                  |  |
| 3.         | as a codeb                | tor only if that person is  | s a guarantor or cosigner. I                                | Make sure you have listed the         |                                    | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|            | Column 1:                 | Your codebtor               |   |                                       | Column 2: The creditor to          | whom you owe the debt  |

Check all schedules that apply:

| Fill in              | this information to identif                               | y your case:   |                                   | آثندين          | 9/16 12              | :16:54        | Desc Ma                            | ain        |                              |
|----------------------|---|--|-----------------------------------|-----------------|----------------------|---------------|------------------------------------|------------|------------------------------|
| 5 1 /                |   | Docai  | _                                 |                 | <del>50</del>        |               |                                    |            |                              |
| Debtor               | 1 <u>Jennifer</u><br>First Name                           | Middle Name  | Bekoe<br>Last Name                |                 |                      |               |                                    |            |                              |
| Debtor :             |   | Wildlie Name   | Last Name                         |                 |                      | Check if this | is:                                |            |                              |
|                      | e, if filing) First Name                                  | Middle Name  | Last Name                         |                 |                      | An ame        | nded filing                        |            |                              |
|                      | States Bankruptcy Court for the:                          | Northern   | District of Illinois              |                 |                      |               | ement showing<br>es as of the foll |            | petition chapter of<br>date: |
| Case nu<br>(If knowr |   |  | (State)                           |                 |                      | MM / DI       | D/YYYY                             | -          |                              |
| Offic                | cial Form 106I  |  |                                   |                 |                      |               |                                    |            |                              |
|                      | edule I: Your Ind   | come   |                                   |                 |                      |               |                                    |            | 12/                          |
| nform<br>ages,       | ation about your spous                                    | ur spouse. If you are seg<br>e. If more space is need<br>ase number (if known). A<br>ent | ed, attach a se                   | parate sh       |                      |               |                                    |            |                              |
|                      | Fill in your employment information.                      |  | Debtor 1                          |                 |                      | Debtor 2      |                                    |            |                              |
|                      |   | Employment status  | ✓ Employed                        |                 |                      | Employ        | yed                                |            |                              |
|                      | If you have more than one job,                            |  | Not Employe                       | d               |                      | _             | nployed                            |            |                              |
|                      | attach a separate page with                               | Occupation   | Enrollment Proce                  |                 |                      |               | 1 -7                               |            |                              |
|                      | information about additional employers.                   | Occupation   |                                   |                 |                      |               |                                    |            |                              |
|                      |   | Employer's name  | Centene Manage                    | ment Compa      | iny LLC              | -             |                                    |            |                              |
|                      | Include part time, seasonal,<br>or<br>self-employed work. | Employer's address   | 7700 Forsyth Blv<br>Number Street | <u>d</u>        |                      | Number Stre   | et                                 |            |                              |
|                      | Occupation may include student                            |  |                                   |                 |                      |               |                                    |            |                              |
|                      | or homemaker, if it applies.                              |  | Saint Louis                       | Missouri        | 63105                |               |                                    |            |                              |
|                      |   |  | City                              | State           | Zip Code             | City          | St                                 | tate       | Zip Code                     |
|                      |   | How long employed there?   |                                   |                 |                      |               |                                    |            |                              |
| Part 2               | 2: Give Details About                                     | Monthly Income   |                                   |                 |                      |               |                                    |            |                              |
|                      | ate monthly income as of the parated.                     | date you file this form. If you h  | ave nothing to repo               | rt for any line | , write \$0 in the s | pace. Includ  | e your non-filir                   | ng spou    | ise unless you               |
|                      | or your non-filing spouse have marate sheet to this form. | ore than one employer, combine t   | he information for a              | l employers fo  | or that person on    |               |                                    | d more     | space, attach                |
| · ·                  | int monthly many  |  | I man mall                        | For D           | Debtor 1             | For Debte     |                                    |            |                              |
| d                    | leductions.) If not paid monthly, ca                      | ry, and commissions (before al<br>alculate what the monthly wage w                       | ould be.                          |                 | \$3,036.91           |               |                                    | _          |                              |
| 3. <b>E</b>          | stimate and list monthly over                             | time pay.  | 3.                                |                 | + \$0.00             |               |                                    | <u>-</u> , |                              |
| 4. C                 | Calculate gross income. Add lii                           | ne 2 + line 3.   | 4.                                |                 | \$3,036.91           |               |                                    | _          |                              |

Filed 07/48/16 Doc 1 Entered @7419416 12:16:54 Desc Main Jennifer Case 16-23054 Documentame Page 32 of 66 Middle Name For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$3,036.91 5. List all payroll deductions: \$636.00 5a. Tax, Medicare, and Social Security deductions 5a. 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$241.35 5f. Domestic support obligations 5f. \$0.00 5q. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. + \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$877.35 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,159.56 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 monthly net income. 8a. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 8g. Pension or retirement income \$0.00 8g. 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10.Calculate monthly income. Add line 7 + line 9. 10. \$2,159.56 \$2,159.56 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$2,159.56 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain:

|                               | Case 16-2305   |  | )7/19/16 Entered (   | <u>)7/1</u> 9/16 12:16:54             | Desc Ma      | ain             |
|-------------------------------|--|--|--|---------------------------------------|--------------|-----------------|
| Fill in this info             | rmation to identify your case                        | <del>)</del> :                                     | J  |                                       |              |                 |
| Debtor 1                      | Jennifer   |  | Bekoe  | _                                     |              |                 |
| Dahtar 0                      | First Name   | Middle Name  | Last Name  | Check if this is:                     |              |                 |
| Debtor 2<br>(Spouse, if filir | ng) First Name                                       | Middle Name  | Last Name  |                                       |              |                 |
|                               |  |  |  | An amended filin                      | •            | tion chanter 12 |
| United States                 | Bankruptcy Court for the:                            | Northern   | District of Illinois (State)                                   | A supplement sh<br>expenses as of the | •            | •               |
| Case number                   | -  |  | (=13.15)   | _                                     | · ·          |                 |
| (If known)                    |  |  |  | MM / DD / YYY                         | <del>/</del> |                 |
| Official                      | Form 106J  |  |  |                                       |              |                 |
|                               |  |  |  |                                       |              |                 |
| scneau                        | ıle J: Your Ex                                       | penses   |  |                                       |              | 12/1            |
| nformation. If                | -  |  | re filing together, both are equiform. On the top of any addit |                                       | -            | mber            |
|                               | scribe Your Househo                                  | old  |  |                                       |              |                 |
| 1. Is this a jo               |  |  |  |                                       |              |                 |
|                               | o to line 2  |  |  |                                       |              |                 |
|                               |  | warete bassachald                                  |  |                                       |              |                 |
| L res. L                      | Does Debtor 2 live in a se                           | parate nousenoid?                                  |  |                                       |              |                 |
|                               | No   |  |  |                                       |              |                 |
|                               | Yes. Debtor 2 must file                              | Official Forms 106J-2, Exper                       | nses for Separate Household of I                               | Debtor 2.                             |              |                 |
| 2. Do you ha                  | ve dependents? 🗸 N                                   | 0  |  |                                       |              |                 |
| Do not list I<br>Debtor 2.    |  | es. Fill out this information for<br>ach dependent | Dependent's relationshi<br>Debtor 1 or Debtor 2                | p to Dependent's age                  | Does depo    | endent live     |
| •                             | cpenses include                                      | •  |  |                                       |              |                 |
| expenses<br>than              | of people other                                      | 0  |  |                                       |              |                 |
| yourself ar                   | •  | es   |  |                                       |              |                 |
| dependen                      | ts?  |  |  |                                       |              |                 |
| Part 2: Est                   | imate Your Ongoing                                   | Monthly Expenses                                   |  |                                       |              |                 |
| •                             | of a date after the bankr                            | . , .  | you are using this form as a sopplemental Schedule J, check    | • • • • •                             | •            | ne              |
| Include expe                  | enses paid for with non-ca                           | ash government assistance                          | e if you know the value of                                     |                                       |              |                 |
|                               |  | on Schedule I: Your Incom                          | ,  |                                       |              | Your expenses   |
|                               | I or home ownership export for the ground or lot. 4. | enses for your residence. Ir                       | nclude first mortgage payments a                               | and                                   | 4.           | \$700.00        |
| If not inc                    | cluded in line 4:                                    |  |  |                                       |              |                 |
| 4a. Real e                    | estate taxes   |  |  |                                       | 4a           | \$0.00          |
| 4b. Prope                     | erty, homeowner's, or renter                         | 's insurance                                       |  |                                       | 4b.          | \$0.00          |
| 4c. Home                      | maintenance, repair, and up                          | okeep expenses                                     |  |                                       | 4c.          | \$100.00        |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Jennife Case 16-23054 Doc 1 Filed 07/19/16 Entered 07/19/16/1/20/16:54 Desc Main

Document Page 34 of 66 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$150.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$250.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$350.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$250.00 9. 10. Personal care products and services \$120.00 10. 11. Medical and dental expenses \$40.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$200.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$0.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses. \$0.00 20d

\$0.00

20e

20e. Homeowner's association or condominium dues

| Debtor 1          | JennifeCase 16-23            |                           | Filed 07449/16                | Entered @7/419/116 @2: | 16: <u>54 Desc M</u> | <u>lain</u> |
|-------------------|------------------------------|---------------------------|-------------------------------|------------------------|----------------------|-------------|
|                   | First Name                   | Middle Name               | Documetnit <sup>me</sup>      | Page 35 of 66          |                      |             |
| 21. <b>Other.</b> | Specify:                     |                           |                               |                        | 21                   | \$0.00      |
|                   |                              |                           |                               |                        |                      |             |
| 22. Calcu         | late your monthly exper      | ises.                     |                               |                        |                      | \$2,160.00  |
| 22a. A            | dd lines 4 through 21.       |                           |                               |                        |                      | \$0.00      |
| 22b. C            | copy line 22 (monthly expe   | nses for Debtor 2), if ar | ny, from Official Form 106J   | -2                     |                      | \$2,160.00  |
| 22c. A            | dd line 22a and 22b. The r   | esult is your monthly ex  | xpenses.                      |                        | 22.                  |             |
| 23. Calcul        | late your monthly net in     | come.                     |                               |                        |                      |             |
| 23a. C            | copy line 12 (your combine   | d monthly income) fron    | n Schedule I.                 |                        | 23a                  | \$2,159.56  |
| 23b. C            | opy your monthly expense     | s from line 22 above.     |                               |                        | 23b                  | \$2,160.00  |
|                   | ubtract your monthly exper   | , ,                       | income.                       |                        |                      | (\$0.44)    |
| ٦                 | Γhe result is your monthly ι | net income.               |                               |                        | 23c                  |             |
| 24. <b>Do yo</b>  | ou expect an increase or     | decrease in your exp      | penses within the year af     | er you file this form? |                      |             |
| For e             | vamnle do vou evnect to f    | inish naving for your ca  | ır loan within the year or do | VOLLEYBECT VOLIT       |                      |             |
|                   |                              |                           | of a modification to the term |                        |                      |             |
| <b>√</b> N        | lo                           |                           |                               |                        |                      |             |
|                   | <b>6</b> 0                   |                           |                               |                        |                      |             |
| Ш'                | es                           |                           |                               |                        |                      |             |
|                   | Explain here:                |                           |                               |                        |                      |             |
|                   |                              |                           |                               |                        |                      |             |
|                   |                              |                           |                               |                        |                      |             |
|                   |                              |                           |                               |                        |                      |             |
|                   |                              |                           |                               |                        |                      |             |
|                   |                              |                           |                               |                        |                      |             |

page 3

|                |                                | Case 16-2305                                       | 4 Doc 1 Filed               | 07/10/16              | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- | 9/16 12:16:54  | Doce Main                         |
|----------------|--------------------------------|--|-----------------------------|-----------------------|---|----------------|-----------------------------------|
| Fill in        | this inform                    | ation to identify your cas                         |                             | 07719710              |   | .9/10 12.10.54 | Desc Main                         |
| Debte          | or 1                           | Jennifer   |                             | Bekoe                 |   |                |                                   |
|                |                                | First Name   | Middle Name                 | Last Nam              | ie  |                |                                   |
| Debto<br>(Spou |                                | First Name   | Middle Name                 | Last Nam              | <br>ie  |                |                                   |
| Unite          | d States Ba                    | ankruptcy Court for the:                           | Northern                    | District of Illino    | is  |                |                                   |
| 0              |                                | . ,  |                             | (Stat                 | e)  |                |                                   |
| (If kno        | number<br>own)                 |  |                             |                       |   |                |                                   |
| Off            | icial F                        | Form 106De   | <u>C</u>                    |                       |   | 1              | Check if this is a amended filing |
| Ded            | clarat                         | ion About a  | n Individual D              | ebtor's So            | chedules  |                | 12/1                              |
| lf two         | married p                      | eople are filing togethe                           | er, both are equally respon | sible for supplyin    | g correct information   | tion.          |                                   |
| Part '         | and 3571.  1: Sign  Did you pa |  | eone who is NOT an attorno  | ey to help you fill ( | out bankruptcy fo   | rms?           |                                   |
| [              | <b>✓</b> No                    |  |                             |                       |   |                |                                   |
| [              | Yes. Name of person            |  |                             |                       | ankruptcy Petition F<br>e (Official Form 119 <sub>,</sub>                                   | ation, and     |                                   |
|                |                                | alty of perjury, I declard<br>re true and correct. | e that I have read the sumn | ·                     |   | eclaration and |                                   |
| _              | /s/ Jennife                    |  |                             | <b>X</b>              |   |                |                                   |
| 8              | Signature of                   | Debtor 1   |                             |                       | Signature of Debt   | tor 2          |                                   |
|                | Date <u>7/19/2</u><br>MM/I     | <b>2016</b><br>DD/YYYY                             |                             |                       | Date MM/DD/Y  | YYY            |                                   |

|                 | this inform           | Case 16-23054 action to identify your case         |  | Filed 07/19/16               | Entered 07/                             | 19/16 12:16:54         | Desc Main   |
|-----------------|-----------------------|--|--|------------------------------|---|------------------------|---|
| Debt            |                       | Jennifer   |  | Bekoe                        |   |                        |   |
| Debt            | or 2                  | First Name   | Middle N                                   | Name Last Nar                | ne                                      |                        |   |
| (Spo            | use, if filing        | First Name   | Middle N                                   | Name Last Nar                | ne                                      |                        |   |
| Unite           | ed States Ba          | ankruptcy Court for the:                           | Northern                                   | District of Illing           |   |                        |   |
| Case<br>(If kno | e number<br>own)      |  |  |                              |   |                        |   |
| Off             | icial F               | Form 107   |  |                              |   |                        | Check if this is a amended filing   |
|                 |                       |  | ial Affairs                                | for Individua                | ls Filina                               | for Bankrupt           | CV 12/1   |
| Be as           | complete<br>is needed | and accurate as possil<br>I, attach a separate she | ole. If two married<br>et to this form. On | people are filing together   | r, both are equally<br>pages, write you | responsible for supply | ring correct information. If more<br>er (if known). Answer every question |
| 1.              | What is               | your current marital sta                           | atus?                                      |                              |   |                        |   |
|                 | ☐ Mar                 | ried<br>married                                    |  |                              |   |                        |   |
| 2.              | During tl             | he last 3 years, have yo                           | u lived anywhere o                         | other than where you live    | now?                                    |                        |   |
|                 | ✓ No<br>Yes.          | List all of the places you I                       | ived in the last 3 yea                     | ars. Do not include where yo | ou live now.                            |                        |   |
|                 | Deb                   | tor 1:   |  | Dates Debtor 1 lived there   | Debtor 2:                               |                        | Dates Debtor 2 lived there  |
|                 |                       |  |  |                              | Same as D                               | Debtor 1               | Same as Debtor 1  |
|                 | Num                   | ber Street   |  | - From                       | Number Stree                            | ıt                     | From  |
|                 |                       |  |  | _ To                         |   |                        | То  |
|                 | City                  | State  | Zip Code                                   | _                            | City                                    | State Zip C            | ode   |
|                 |                       |  |  |                              | Same as D                               | Pebtor 1               | Same as Debtor 1  |
|                 | Num                   | ber Street   |  | - From                       | Number Stree                            | ıt                     | From  |
|                 |                       |  |  | _ To                         |   | •                      | То  |
|                 | City                  | State  | Zip Code                                   | _                            | City                                    | State Zip C            | ode   |
|                 | Within the            |  | -  | Nevada, New Mexico, Puert    |   |                        | (Community property states and  |

Debtor 1 JennifeCase 16-23054 Doc 1 Filed 07649/16 Entered 07649/16 (Ac2vil 6:54 Desc Main First Name Document Page 38 of 66

|    | Explain the Cources of Tour Inc  |   |   |  |   |
|----|--|---|---|--|---|
| 4. | Did you have any income from employment Fill in the total amount of income you received fr activities. If you are filing a joint case and you ha No Yes. Fill in the details.  | rom all jobs and all businesses,  | , including part-time   |  |   |
|    |  | Debtor 1  |   | Debtor 2   |   |
|    |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)                     | Sources of income<br>Check all that apply.                 | Gross income<br>(before deductions and<br>exclusions)                     |
|    | From January 1 of current year until the date you filed for bankruptcy:  | Wages, commissions, bonuses, tips Operating a business  | \$21458.00  | Wages, commissions, bonuses, tips Operating a business     |   |
|    | For last calendar year: (January 1 to December 31, 2015)  YYYYY  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                    | \$27649.00  | ☐ Wages, commissions, bonuses, tips ☐ Operating a business |   |
|    | For the calendar year before that: (January 1 to December 31,  | Wages, commissions, bonuses, tips Operating a business  | \$27000.00  | Wages, commissions, bonuses, tips Operating a business     |   |
| 5. | Did you receive any other income during this Include income regardless of whether that income benefit payments; pensions; rental income; intere and you have income that you received together,  List each source and the gross income from each | e is taxable. Examples of other<br>est; dividends; money collected<br>list it only once under Debtor 1. | income are alimony; child su<br>from lawsuits; royalties; and             | gambling and lottery winnings.                             | , ,   |
|    | Yes. Fill in the details.  | Debtor 1  |   | Debtor 2   |   |
|    |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below.                       | Gross income from<br>each source<br>(before deductions and<br>exclusions) |
|    | From January 1 of current year until the date you filed for bankruptcy:  |   |   |  |   |
|    | For last calendar year: (January 1 to December 31,   |   |   |  |   |
|    | For the calendar year before that: (January 1 to December 31,  |   |   |  |   |

Filed 07419/16 Entered @7/419/16/12:16:54 Desc Main Document Page 39 of 66 Debtor 1 Jennife Case 16-23054
First Name Doc 1

| Pa | rt 3: List  | Certain Pa      | yments Yo                       | ou Made Before          | You Filed for Ban           | kruptcy   |                             |  |  |
|----|---|-----------------|---------------------------------|-------------------------|-----------------------------|---|-----------------------------|--|--|
| 6. | Are either  | Debtor 1's or   | Debtor 2's                      | debts primarily con     | sumer debts?                |   |                             |  |  |
|    |   |                 |                                 | or 2 has primarily o    | consumer debts. Cons        | umer debts are defined in 11  | U.S.C. § 101(8) as "incurre | ed by an individual primarily                                      |  |
|    | ı   | During the 90 d | lays before yo                  | ou filed for bankruptcy | , did you pay any credito   | r a total of \$6,425* or more?  |                             |  |  |
|    | 1   | No. Go to       | line 7.                         |                         |                             |   |                             |  |  |
|    | Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |                 |                                 |                         |                             |   |                             |  |  |
|    |   | Subject to adj  | ustment on 4/                   | 01/19 and every 3 ye    | ars after that for cases fi | ed on or after the date of ad   | ustment.                    |  |  |
|    | ✓ Yes.  | Debtor 1 or De  | ebtor 2 or bo                   | oth have primarily o    | consumer debts.             |   |                             |  |  |
|    |   | During the 90 d | lays before yo                  | ou filed for bankruptcy | , did you pay any credito   | r a total of \$600 or more?   |                             |  |  |
|    | 1   | ✓ No. Go to     | line 7.                         |                         |                             |   |                             |  |  |
|    | 1   | Yes. List       | below each cr<br>creditor. Do n | ot include payments     |                             | re and the total amount you p<br>ligations, such as child supp<br>ankruptcy case. |                             |  |  |
|    |   |                 |                                 |                         | Dates of payment            | Total amount paid   | Amount you still owe        | Was this payment for   |  |
|    |   | ditor's Name    | State                           | Zip Code                |                             |   |                             | Mortgage Car Credit card Loan repayment Suppliers or vendors Other |  |
|    |   |                 |                                 |                         |                             | - ,   | - ·                         | - Mortgage   |  |
|    | Cred  | litor's Name    |                                 |                         |                             |   |                             | Car  |  |
|    | Num   | ber Street      |                                 |                         | •                           |   |                             | Credit card  |  |
|    |   |                 |                                 |                         |                             |   |                             | Loan repayment Suppliers or  |  |
|    | City  |                 | State                           | Zip Code                |                             |   |                             | vendors  |  |
|    |   |                 |                                 |                         |                             |   |                             | Other  |  |
|    | Cred  | litor's Name    |                                 |                         |                             |   |                             | Mortgage Car   |  |
|    | Num   | ber Street      |                                 |                         |                             |   |                             | Credit card  |  |
|    |   |                 |                                 |                         |                             |   |                             | Loan repayment   |  |
|    | 02  |                 | Ctots                           | 7:n C                   |                             |   |                             | Suppliers or vendors   |  |
|    | City  |                 | State                           | Zip Code                |                             |   |                             | Other  |  |

JennifeCase 16-23054 Doc 1 Filed 07/149/16 Entered 07/14/16/142/146:54 Desc Main Debtor 1 Document Page 40 of 66 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

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First Name Doc 1

| outes.  | al injury cases, small claim | party in any laws<br>ms actions, divorce  |   | s, paternity actior |                  | otody modifications, and            |
|---|------------------------------|---|---|---------------------|------------------|-------------------------------------|
| No  |                              |   |   |                     |                  |                                     |
| Yes. Fill in the details.   | Nature of                    | f the case  | Court or  | agency              |                  | Status of the case                  |
| Case title  |                              |   |   | 0                   |                  | Pending                             |
|   |                              |   | Court Nar   | ne                  |                  | On appeal                           |
| Case number   |                              |   | Number S  | Street              |                  | Concluded                           |
|   |                              |   | City  | State               | Zip Code         | _                                   |
| Case title  |                              |   |   |                     |                  | Pending                             |
| Case number   |                              |   | Court Nar   |                     |                  | On appeal Concluded                 |
|   |                              |   | Number S  | Street              |                  | Concluded                           |
|   |                              |   | City  | State               | Zip Code         | _                                   |
| heck all that apply and fill in the de  | tails below.                 | Describe the pro  |   | eclosed, garnish    | ned, attached, s | eized, or levied?  Value of the     |
| heck all that apply and fill in the de  | tails below.<br>w.           |   |   | eclosed, garnish    |                  |                                     |
| heck all that apply and fill in the de  | w.                           | Describe the pro  | operty  | eclosed, garnish    |                  | Value of the                        |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information belo  Creditor's Name                | w.                           |   | operty  | eclosed, garnish    |                  | Value of the                        |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information belo                                 | w.                           | Describe the pro  | ppened  | eclosed, garnish    |                  | Value of the                        |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information belo  Creditor's Name                | w.                           | Explain what ha  Property was Property was  | ppened s repossessed. s foreclosed.                                 | eclosed, garnish    |                  | Value of the                        |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information belo  Creditor's Name  Number Street | w.                           | Explain what ha  Property was Property was Property was   | ppened s repossessed. s foreclosed. s garnished.                    |                     |                  | Value of the                        |
| heck all that apply and fill in the de  No. Go to line 11.  Yes. Fill in the information belo  Creditor's Name                | zip Code                     | Explain what ha  Property was Property was Property was   | ppened s repossessed. s foreclosed. s garnished. s attached, seized |                     |                  | Value of the                        |
| No. Go to line 11. Yes. Fill in the information belo  Creditor's Name  Number Street  | zip Code                     | Explain what ha  Property was Property was Property was Property was                              | ppened s repossessed. s foreclosed. s garnished. s attached, seized |                     | Date             | Value of the property  Value of the |
| No. Go to line 11. Yes. Fill in the information belo  Creditor's Name  Number Street  City State                              | Zip Code                     | Explain what ha  Property was Property was Property was Property was                              | ppened s repossessed. s foreclosed. s garnished. s attached, seized |                     | Date             | Value of the property  Value of the |
| No. Go to line 11. Yes. Fill in the information belo  Creditor's Name  Number Street  City State                              | Zip Code                     | Explain what ha  Property was Property was Property was Property was Property was Explain what ha | ppened s repossessed. s foreclosed. s garnished. s attached, seized |                     | Date             | Value of the property  Value of the |

| Deb  | tor 1    |   | <u>d 07ୋକ/16 Entered</u> 07/1 <b>.କ/1.</b> ଜ 11:2:416:<br>cumenter Page 42 of 66 | 54 Desc                  | <u>Main</u>             |
|------|----------|---|--|--------------------------|-------------------------|
| 11.  |          | nin 90 days before you filed for bankruptcy, did any counts or refuse to make a payment because you owe | creditor, including a bank or financial institution, set of                      | ff any amounts fr        | om your                 |
|      |          | No<br>Yes. Fill in the details.   |  |                          |                         |
|      |          |   | Describe the action the creditor took  | Date action was taken    | Amount                  |
|      |          | Creditor's Name   |  |                          |                         |
|      |          | Number Street   |  |                          |                         |
|      |          | Number Street   | Last 4 digits of account number: XXXX-   |                          |                         |
|      |          | City State Zip Code   |  |                          |                         |
| 12.  |          | nin 1 year before you filed for bankruptcy, was any of iver, a custodian, or another official?          | your property in the possession of an assignee for the                           | e benefit of credi       | tors, a court-appointed |
|      | <b>☑</b> | No<br>Yes   |  |                          |                         |
| Part | 5:       | List Certain Gifts and Contributions  |  |                          |                         |
| 13.  | Wit      | thin 2 years before you filed for bankruptcy, did you   | give any gifts with a total value of more than \$600 per                         | person?                  |                         |
|      | <b>✓</b> | No Yes. Fill in the details for each gift.  |  |                          |                         |
|      |          | Gifts with a total value of more than \$600 per person  | Describe the gifts   | Dates you gave the gifts | Value                   |
|      |          | Person to Whom You Gave the Gift  |  |                          |                         |
|      |          | Number Street   |  |                          |                         |
|      |          | City State Zip Code  Person's relationship to you   |  |                          |                         |
|      |          | Person to Whom You Gave the Gift  |  |                          |                         |
|      |          | Number Street   |  |                          |                         |
|      |          | City State Zip Code  Person's relationship to you   |  |                          |                         |
|      |          | 1 disorts totationship to you   |  |                          |                         |
|      |          |   |  |                          |                         |

|      |          | First Name                          |                    | Middle Name D                               | )ocumetnt™ P          | age 43 of 66                           |                          |   |
|------|----------|-------------------------------------|--------------------|---|-----------------------|--|--------------------------|---|
| 14.  | Witl     | nin 2 years before                  | you filed for b    |   |                       | ntributions with a total value of mo   | re than \$600 to ar      | ny charity?                             |
|      | <b>✓</b> | No                                  |                    |   |                       |  |                          |   |
|      |          | Yes. Fill in the deta               |                    |   | December the misses   |  | D-1                      | Walter                                  |
|      |          | Gifts with a total per person       | value of more      | than \$600                                  | Describe the gifts    |  | Dates you gave the gifts | Value                                   |
|      |          | Charity's Name                      |                    |   | _                     |  |                          |   |
|      |          |                                     |                    |   | _                     |  |                          |   |
|      |          | Number Street                       |                    |   | -                     |  |                          |   |
|      |          | City                                | State              | Zip Code                                    | _                     |  |                          |   |
| Part | 6:       | List Certain Lo                     | sses               |   |                       |  |                          |   |
| 15.  | With     | nin 1 year before y                 | ou filed for ba    | nkruptcy or since y                         | you filed for bankrup | tcy, did you lose anything because     | of theft, fire, othe     | r disaster, or                          |
|      | gam      | bling?                              |                    |   |                       |  |                          |   |
|      |          | No<br>Yes. Fill in the deta         | sile.              |   |                       |  |                          |   |
|      | ш        | Describe the pro                    |                    | and   | Describe any insu     | rance coverage for the loss            | Date of your             | Value of property lost                  |
|      |          | how the loss occ                    | curred             |   | Include the amount    | that insurance has paid. List pending  | loss                     |   |
|      |          |                                     |                    |   | insurance claims or   | n line 33 of Schedule A/B: Property.   |                          |   |
|      |          |                                     |                    |   |                       |  |                          |   |
| Part | 7:       | List Certain Pa                     | vments or 1        | ransfers                                    |                       |  |                          |   |
|      | Inclu    | de any attorneys, b                 | ankruptcy petition | ankruptcy petition<br>on preparers, or cred |                       | for services required in your bankrupt | су.                      |   |
|      | N        | Yes. Fill in the deta               | ilis.              |   | Description and v     | alue of any property transferred       | Date payment or transfer | Amount of payment                       |
|      |          | Semrad Law Firm                     |                    |   | Attorney's Fee - 0.00 | )                                      | was made<br>7/19/2016    | \$0.00                                  |
|      |          | Person Who Was                      |                    |   | _                     |  |                          | *************************************** |
|      |          | 20 South Clark Str<br>Number Street | eet 28th Floor     |   | _                     |  |                          |   |
|      |          |                                     |                    |   |                       |  |                          |   |
|      |          | Chicago                             | Illinois           | 60606                                       | _                     |  |                          |   |
|      |          | City                                | State              | Zip Code                                    | _                     |  |                          |   |
|      |          | Email or website a                  | address            |   | _                     |  |                          |   |
|      |          | Person Who Made                     | the Payment, if    | Not You                                     | _                     |  |                          |   |
|      |          | Person Who Was                      | Paid               |   | _                     |  |                          |   |
|      |          | Number Street                       |                    |   | -                     |  |                          |   |
|      |          |                                     |                    |   | _                     |  |                          |   |
|      |          | City                                | State              | Zip Code                                    | _                     |  |                          |   |
|      |          | Email or website a                  | address            |   | _                     |  |                          |   |
|      |          | Person Who Made                     | the Payment, if    | Not You                                     | -                     |  |                          |   |
|      |          |                                     | ,, "               | - · · · <del>-</del>                        |                       |  |                          |   |

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| 7 |       |  |                                 | ocument Page 44 of 66  | )                   |                             |           |                |
|---|-------|--|---------------------------------|--|---------------------|-----------------------------|-----------|----------------|
|   | you ( | nin 1 year before you filed for ba<br>deal with your creditors or to ma<br>ot include any payment or transfer  | ake payments to you             |  | y or transfer any   | oroperty to anyor           | ne who p  | promised to he |
|   | V     | No   |                                 |  |                     |                             |           |                |
|   | 씜     |  |                                 |  |                     |                             |           |                |
|   | ш     | Yes. Fill in the details.  |                                 | Description and value of any manual  |                     | Data was was and            | A         | -4 -6          |
|   |       |  |                                 | Description and value of any proper  | ty transferred      | Date payment<br>or transfer | Amoui     | nt of payment  |
|   |       |  |                                 |  |                     | was made                    |           |                |
|   |       | Person Who Was Paid  |                                 | -  |                     |                             |           |                |
|   |       | Person Who Was Palu  |                                 |  |                     |                             |           |                |
|   |       | Number Street  |                                 |  |                     |                             |           |                |
|   |       |  |                                 | -  |                     |                             |           |                |
|   |       | City State   | Zip Code                        | -  |                     |                             |           |                |
|   | trans | ide both outright transfers and transfers that you have already listed on No Yes. Fill in the details.   |                                 | ty (such as the granting of a security intere                                | est or mortgage on  | your property). Do          | not inclu | ude gifts and  |
|   | _     |  |                                 | Description and value of any   | Doscribo any        | property or paym            | onte      | Date transfe   |
|   |       |  |                                 | property transferred   |                     | ebts paid in exch           |           | was made       |
|   |       |  |                                 |  |                     | -                           |           |                |
|   |       | Person Who Received Transfer   |                                 | •  |                     |                             |           |                |
|   |       | Number Street  |                                 | -  |                     |                             |           |                |
|   |       |  |                                 | -  |                     |                             |           |                |
|   |       |  |                                 |  |                     |                             |           |                |
|   |       | City State   | Zip Code                        |  |                     |                             |           |                |
|   |       | Person's relationship to you   | Zip Code                        | -  |                     |                             |           |                |
|   |       | ,  | Zip Code                        |  |                     |                             |           |                |
|   |       | Person's relationship to you   | Zip Code                        |  |                     |                             |           |                |
|   |       | Person's relationship to you  Person Who Received Transfer  Number Street  |                                 |  |                     |                             |           |                |
|   |       | Person's relationship to you  Person Who Received Transfer   | Zip Code Zip Code               | -  |                     |                             |           |                |
|   | With  | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you   | Zip Code                        | transfer any property to a self-settled                                      | trust or similar de | evice of which vo           | u are a h | peneficiary?   |
|   |       | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  nin 10 years before you filed for  | Zip Code<br>bankruptcy, did you | transfer any property to a self-settled                                      | trust or similar de | evice of which yo           | u are a t | peneficiary?   |
|   | (The  | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  nin 10 years before you filed for use are often called asset-protection  | Zip Code<br>bankruptcy, did you | transfer any property to a self-settled                                      | trust or similar de | evice of which yo           | u are a k | peneficiary?   |
|   | (The  | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  nin 10 years before you filed for  | Zip Code<br>bankruptcy, did you | transfer any property to a self-settled                                      | trust or similar de | evice of which yo           | u are a k | peneficiary?   |
|   | (The  | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  nin 10 years before you filed for use are often called asset-protection  | Zip Code<br>bankruptcy, did you | transfer any property to a self-settled                                      | trust or similar de | evice of which yo           | u are a k | peneficiary?   |
|   | (The  | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  nin 10 years before you filed for use are often called asset-protection. | Zip Code<br>bankruptcy, did you | transfer any property to a self-settled  Description and value of the proper |                     | evice of which yo           | u are a k | Date transfe   |
|   | (The  | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  nin 10 years before you filed for use are often called asset-protection. | Zip Code<br>bankruptcy, did you |  |                     | evice of which yo           | u are a k |                |
|   | (The  | Person's relationship to you  Person Who Received Transfer  Number Street  City State Person's relationship to you  nin 10 years before you filed for use are often called asset-protection. | Zip Code<br>bankruptcy, did you |  |                     | evice of which yo           | u are a k | Date transfe   |

Filed 07/41/9/16 Entered 07/41/9/16 (1/2:416:54 Desc Main

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First Name Documernt Page 45 of 66

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

|    | or tra | in 1 year before you filed for bankruptcy, were ansferred? de checking, savings, money market, or other financeratives, associations, and other financial institution | cial accounts; certificates of deposit; sh                       |  |   |
|----|--------|---|--|--|---|
|    |        | No<br>Yes. Fill in the details.   |  |  |   |
|    |        |   | Last 4 digits of account number                                  |  | Date account was closed, sold, moved, or transferred  Last balance before closing or transfer |
|    |        | Person Who Was Paid   | — xxxx-  | Checking Savings                                     |   |
|    |        | Number Street   | _  | Money market Brokerage Other                         |   |
|    |        | City State Zip Code   |  |  |   |
|    |        | Person Who Was Paid   | xxxx-  | ☐ Checking ☐ Savings                                 |   |
|    |        | Number Street   | _  | <ul><li>☐ Money market</li><li>☐ Brokerage</li></ul> |   |
|    |        | City State Zip Code   |  | Other  |   |
|    | valua  | ou now have, or did you have within 1 year befables?  No Yes. Fill in the details.  | ore you filed for bankruptcy, any sa  Who else had access to it? | Describe the contents                                |   |
|    |        | Name of Financial Institution   | Nome   |  | □ No  |
|    |        | Number Street   | Name  Number Street  |  | Yes   |
|    |        | Number Street   |  | Code   |   |
|    |        | City State Zip Code   | ony onto 2p  |  |   |
| 2. | Have   | you stored property in a storage unit or place  | other than your home within 1 year                               | before you filed for bankruptcy?                     |   |
|    |        | No<br>Yes. Fill in the details.   |  |  |   |
|    |        |   | Who else had access to it?                                       | Describe the contents                                | Do you still have it?   |
|    |        | Name of Storage Facility  | Name   |  | □ No  |
|    |        | Number Street   | Number Street  |  | Yes   |
|    |        |   | City State Zip   | Code   |   |
|    |        | City State Zip Code   |  |  |   |

| No   Yes. Fill in the details.    Governmental unit   Environmental law, if you know it     Name of site   Governmental unit     Number Street   Number Street     City State Zip Code     City State Zip Code     One of notice     One of notice | Deb  | tor 1                           | JennifeCase 16-23054 Doc 1 First Name Middle Name  | Filed 07 <u>61</u><br>Docume  |  | <u>ntered</u>  | <del>9/16 /12:1</del> 16: <u>54 Desc Mair</u>  | 1               |
|--|------|---------------------------------|--|---|--|--|--|-----------------|
| Ves. Fill in the details.   Where is the property?   Describe the contents   Value   | Part | 9:                              | Identify Property You Hold or Control  | l for Someo   | ne Else  |  |  |                 |
| Where is the property?    Owner's Name   | 23.  | _                               | No   | e else owns? In   | clude any pro  | perty you borro  | wed from, are storing for, or hold in trus   | st for someone. |
| Number Street  |      | ш                               | res. I ill ill die details.  | Where is the  | e property?  |  | Describe the contents  | Value           |
| City   State   Zip Code  |      |                                 | Owner's Name   | Number Stre   | et   |  | -  |                 |
| City State Zip Code    Part 10:   Give Details About Environmental Information   |      |                                 | Number Street  |   |  |  | -  |                 |
| City State Zip Code    Part 10:   Give Details About Environmental Information   |      |                                 |  | City  | State  | Zin Codo   | -  |                 |
| Part 10:   Give Details About Environmental Information  |      |                                 | City State Zin Code  | - Oity  | State  | Zip Code   |  |                 |
| For the purpose of Part 10, the following definitions apply:  ### Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  ##### Site was any location, facility, or properly as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  #### Azardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.  #### Report all notices, releases, and proceedings that you know about, regardless of when they occurred.  #### As any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  #### Environmental law, if you know it  #### Date of notic  #### Covernmental unit  #### Number Street  #### City State Zip Code  #### Covernmental unit  #### Number Street  ##### Number Street  ###### Number Street  ##### Number Street  ###### Number Street  ####### Number Street  ########## Number Street  #################################  | Port | 10.                             |  | formation   |  |  |  |                 |
| Environmental law means any lederal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.   **Sife means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.   **Hazardous material pollutant, contaminant, or similar term.   Report all notices, releases, and proceedings that you know about, regardless of when they occurred.   As any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   No   |      |                                 |  | iorination  |  |  |  |                 |
| Zity State Zip Code  25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Name of site  Governmental unit  Number Street  Number Street  City State Zip Code  |      | ha<br>in<br>Si<br>or<br>H<br>to | azardous or toxic substances, wastes, or material in cluding statutes or regulations controlling the clear ite means any location, facility, or property as define used to own, operate, or utilize it, including disposing azardous material means anything an environmentaxic substance, hazardous material, pollutant, contain notices, releases, and proceedings that you know any governmental unit notified you that you may seem the details.  Name of site | nto the air, land, nup of these subset under any envisal sites.  al law defines as aminant, or similar about, regardles may be liable or Government | soil, surface wastences, wastence | ater, groundwater, es, or material.  whether you now easte, hazardous so occurred. | or other medium, own, operate, or utilize it substance, violation of an environmental law? | Date of notice  |
| 25. Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Governmental unit  Name of site  Governmental unit  Number Street  Number Street  City State Zip Code   |      |                                 |  | City  | State  | Zip Code   | -  |                 |
| No Yes. Fill in the details.  Governmental unit  Name of site  Number Street  Number Street  City State Zip Code  Environmental law, if you know it  Date of notice  |      |                                 | City State Zip Code  | _   |  |  |  |                 |
| Number Street  City State Zip Code   | 25.  | _                               | No   |   |  | ?  | Environmental law, if you know it  | Date of notice  |
| City State Zip Code  |      |                                 | Name of site   | Governmenta   | l unit   |  | -  |                 |
|  |      |                                 | Number Street  | Number Stre   | et   |  | -  |                 |
| City State Zip Code  |      |                                 |  | City  | State  | Zip Code   | -  |                 |
|  |      |                                 | City State Zip Code  | _   |  |  |  |                 |

| Debt | tor 1 | JennifeCase 16-23054 First Name  |                        |                            | <u>Entered</u> ଫୟୁଣ୍ଲ<br>Page 47 of 66 | M16 Ak2v16: <u>54</u>  | Desc Main   |
|------|-------|--|------------------------|----------------------------|--|------------------------|---|
| 26.  | Hav   | e you been a party in any judic  | ial or administrativ   | e proceeding under         | any environmental law                  | ? Include settlements  | and orders.   |
|      |       | No<br>Yes. Fill in the details.  |                        |                            |  |                        |   |
|      | Ц     | res. Fill III the details.   | C                      | Court or agency            |  | Nature of the case     | Status of the case  |
|      |       | Case title   |                        |                            |  |                        | Pending   |
|      |       |  | (                      | Court Name                 |  |                        | On appeal   |
|      |       | Case number  | <u> </u>               | Number Street              |  |                        | Concluded   |
|      |       |  | Ō                      | City State                 | e Zip Code                             |                        |   |
| Part | 11:   | Give Details About Your  | Business or Co         | onnections to A            | ny Business                            |                        |   |
| 27.  | With  | nin 4 years before you filed for                                       | bankruptcy, did yo     | u own a business or        | have any of the follow                 | ing connections to any | y business?   |
|      |       | A sole proprietor or self-emp  | oloyed in a trade, pro | fession, or other activ    | ity, either full-time or part          | -time                  |   |
|      |       | A member of a limited liabilit  A partner in a partnership             | y company (LLC) or     | limited liability partne   | rship (LLP)                            |                        |   |
|      |       | An officer, director, or manage  | _                      |                            |  |                        |   |
|      |       | An owner of at least 5% of the   |                        | ecurities of a corporation | on                                     |                        |   |
|      |       | No. None of the above applies. Go<br>Yes. Check all that apply above a |                        | elow for each business     | S.                                     |                        |   |
|      |       | res. Onesical tracappy above and fill in the details                   |                        | Describe the na            | ture of the business                   |                        | entification number Do not<br>al Security number or ITIN. |
|      |       | Business Name  |                        | _                          |  | EIN:                   |   |
|      |       | Number Street  |                        | Name of accou              | ntant or bookkeeper                    | Dates busine           | ss existed  |
|      |       | City State   | Zip Code               |                            | ·                                      | From                   | To  |
|      |       |  |                        |                            |  |                        |   |
|      |       |  |                        | Describe the na            | ture of the business                   |                        | entification number Do not<br>al Security number or ITIN. |
|      |       | Business Name  |                        | _                          |  | EIN:                   |   |
|      |       | Number Street  |                        | Name of accou              | ntant or bookkeeper                    | Dates busine           | ss existed  |
|      |       | City State   | Zip Code               |                            | •                                      | From                   | To  |
|      |       |  |                        |                            |  |                        |   |
|      |       |  |                        | Describe the na            | ture of the business                   |                        | entification number Do not<br>al Security number or ITIN. |
|      |       | Business Name  |                        |                            |  | EIN:                   |   |
|      |       | Number Street  |                        |                            |  | Dates busine           | ss existed  |
|      |       | Oit.   | 7:0:                   | Name of accou              | ntant or bookkeeper                    | From                   | To  |
|      |       | City State   | Zip Code               |                            |  | F10III                 | То  |
|      |       |  |                        |                            |  |                        |   |

| Debtor   |   | ed 07/419/16 Entered @7/19/16/16/16:54 Desc Main  ocument Page 48 of 66   |
|----------|---|---|
|          |   | give a financial statement to anyone about your business? Include all financial institutions,   |
| <u> </u> | No Yes. Fill in the details below.                              |   |
| _        | -   | Date issued   |
|          | Name  | MM/DD/YYYY  |
|          | Number Street   | _   |
|          | City State Zip Code   | _   |
| Part 12  | 2: Sign Below   |   |
| an       | d correct. I understand that making a false statement,          | Affairs and any attachments, and I declare under penalty of perjury that the answers are true concealing property, or obtaining money or property by fraud in connection with a prisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | Signature of Debtor 1   | Signature of Debtor 2   |
|          | Date 7/19/2016  | Date  |
| Die      | d you attach additional pages to Your Statement of Fin  No  Yes | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| Die      | d you pay or agree to pay someone who is not an attori          | ney to help you fill out bankruptcy forms?  |
| <b>✓</b> | No  |   |
|          | Yes. Name of person   | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).  |

| Fill in this informa  | Case 16-23054 ation to identify your case                                    |  | )7/19/16 Fn                      | <u>tered 07/1</u> 9/1 | 6 12:16:54         | Desc Main        |                          |
|---|--|--|----------------------------------|-----------------------|--------------------|------------------|--------------------------|
| Debtor 1  | Jennifer   |  | Bekoe                            |                       |                    |                  |                          |
| Debtor 2  | First Name   | Middle Name  | Last Name                        |                       |                    |                  |                          |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name                        |                       |                    |                  |                          |
| United States Ba  | ankruptcy Court for the:   | Northern   | District of Illinois_<br>(State) |                       |                    |                  |                          |
| Case number (If known)  |  |  | (State)                          |                       |                    |                  |                          |
| Official F  | orm 108  |  |                                  |                       |                    | Check if amend   | this is an<br>ded filing |
| Stateme   | nt of Intenti  | on for Individu  | ıals Filing                      | <b>Under Cha</b>      | pter 7             |                  | 12/15                    |
| <ul><li>■ creditors hav</li><li>■ you have leas</li><li>You must file thi</li></ul> | e claims secured by yo<br>sed personal property a<br>s form with the court v | apter 7, you must fill out th<br>our property, or<br>and the lease has not expire<br>vithin 30 days after you file<br>ktends the time for cause. \ | ed.<br>your bankruptcy pe        | •                     |                    | ,                |                          |
| •   | eople are filing togethe<br>ust sign and date the f                          | r in a joint case, both are e  | qually responsible               | for supplying correc  | t information.     |                  |                          |
| •   | and accurate as possil   | ole. If more space is needed   | d, attach a separate             | sheet to this form. O | n the top of any a | dditional pages, |                          |

Part 1: List Your Creditors Who Have Secured Claims

| 1. | For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. |  |   |  |  |
|----|---|--|---|--|--|
|    | Identify the creditor and the property that is collateral   | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |
|    | Creditor's name:  Description of property securing debt:  | Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]: | No. Yes.  |  |  |

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|---|--|
| Case 16-23054 Doc 1 Filed 07/19/16 Ente   | 50 of 66 number ("   |
| art 2: List Your Unexpired Personal Property Leases   |  |
| For any unexpired personal property lease that you listed in Schedule G: Executory Conformation below. Do not list real estate leases. Unexpired leases are leases that are standard personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)( | ill in effect; the lease period has not yet ended. You may assume an |
| Describe your unexpired personal property leases  | Will the lease be assumed?   |
| Lessor's name:  | No Yes   |
| Description of leased property:   |  |
| Lessor's name:  | □ No □ Yes   |
| Description of leased property:   |  |
| Lessor's name:  | No Yes   |
| Description of leased property:   |  |
| Lessor's name:  | No Yes   |
| Description of leased property:   |  |
| Lessor's name:  | No Yes   |
| Description of leased property:   |  |
| Lessor's name:  | ☐ No<br>☐ Yes  |
| Description of leased property:   |  |
| Lessor's name:  | □ No □ Yes   |

Part 3: Sign Below

property:

Description of leased

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

| ✗ _/s/ Jennifer Bekoe | <u></u>               |  |
|-----------------------|-----------------------|--|
| Signature of Debtor 1 | Signature of Debtor 1 |  |
| Date 7/19/2016        | Date                  |  |
| MM/DD/YYYY            | MM/DD/YYYY            |  |

### **UNITED STATES BANKRUPTCY COURT**

#### Northern District of Illinois

| n re<br>_ | Jennifer Bekoe<br>Debtor   |  | Ca                             | se No.          | (If known)                  |
|-----------|--|--|--------------------------------|-----------------|-----------------------------|
|           | Debtor   |  | Ch                             | apter           | (If known)  Chapter 7       |
|           |  |  |                                |                 |                             |
|           | DISCLOSURE O   | F COMPENSA                             | TION OF ATTORI                 | NEY FOR         | DEBTOR                      |
| 1.        | Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within or rendered or to be rendered on beh | ne year before the filing              | of the petition in bankruptcy  | , or agreed to  | be paid to me, for services |
|           | For legal services, I have agreed  | to accept                              |                                |                 | \$1,250.00                  |
|           | Prior to the filing of this statement  | t I have received                      |                                |                 | \$0.00                      |
|           | Balance Due  |  |                                |                 | \$1,250.00                  |
| 2.        | The source of the compensation p   | aid to me was:                         |                                |                 |                             |
|           | <b>✓</b> Debtor  | Other (sp                              | ecify)                         |                 |                             |
| 3.        | The source of the compensation p   | aid to me is:                          |                                |                 |                             |
|           | <b>/</b> Debtor  | Other (sp                              | ecify)                         |                 |                             |
| 4.        | I have not agreed to share the members and associates of n   | e above-disclosed comp<br>ny law firm. | ensation with any other per    | son unless the  | y are                       |
|           | I have agreed to share the abomembers or associates of my the people sharing in the comp               | law firm. A copy of the                |                                |                 |                             |
| 5.        | In return for the above-disclosed f<br>a. Analysis of the debtor's fina<br>bankruptcy;                 |  |                                |                 |                             |
|           | b. Preparation and filing of an  | y petition, schedules, s               | tatements of affairs and pla   | n which may b   | e required;                 |
|           | c. Representation of the debte   | or at the meeting of cre               | ditors and confirmation hear   | ing, and any ad | djourned hearings thereof;  |
| 6.        | By agreement with the debtor(s), t   | he above-disclosed fee                 | does not include the following | ng services:    |                             |
|           |  |  |                                |                 |                             |
|           |  | CER                                    | TIFICATION                     |                 |                             |
|           | certify that the foregoing is a complete debtor(s) in this bankruptcy proceed                          |  | agreement or arrangement t     | or payment to   | me for representation of    |
|           | 7/19/2016  |  | /s/ Brent Ingi                 | am              |                             |
|           | Date   |  | Signature of Att               | orney           |                             |
|           |  |  | Semrad Law F                   | Firm            |                             |
|           |  |  | Name of law                    |                 |                             |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-23054 Doc 1 Filed 07/19/16 Entered 07/19/16 12:16:54 Desc Main UNITED STATES BANKBURG COURT Northern District of Illinois

| In re: | Bekoe, Jennifer                                | Case No.                                       |                                 |  |  |  |
|--------|--|--|---------------------------------|--|--|--|
| _      | Debtor(s)                                      |  |                                 |  |  |  |
|        |  | Chapter.                                       | Chapter7                        |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX                |  |                                 |  |  |  |
|        | The above named Debtors hereby verify that the | attached list of creditors is true and correct | to the best of their knowledge. |  |  |  |
|        |  |  |                                 |  |  |  |
| Date:  | 7/19/2016                                      | /s/ Bekoe, Jennifer                            |                                 |  |  |  |
|        |  | Bekoe, Jennifer                                |                                 |  |  |  |

Signature of Debtor

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GO FINANCIAL 4020 E INDIAN SCHOOL RD PHOENIX , AZ 85018 USA

IQ DATA INT po bOX 3563 EVERETT , WA 98213 USA

DIVERSIFIED Po Box 1391 Southgate , MI 48195 USA

GREATER SUBURBAN ACCEP 3230-0 PEACHTREE NORCROSS, GA 30092 USA

CONVERGENT OUTSOURCING 800 SW 39TH ST RENTON , WA 98057 USA

DSNB MACYS 9111 Duke Blvd Mason , OH 45040 USA

I C SYSTEM INC PO BOX 64378 SAINT PAUL , MN 55164 USA

I C SYSTEM INC PO BOX 64378 SAINT PAUL , MN 55164 USA

ACCEPTANCE NOW 5501 Headquarters Dr ATTN: Acceptance Now Customer Service Plano , TX 75024 USA

Advocate Good Samaritan Hospital PO Box 3039 Hinsdale , IL 60522 USA

Stroger Hospital of Cook County 1900 W Polk Street Chicago , IL 60612 USA

| Paris Name   | Docum   |  |   |  |  |  |
|--|---|--|---|--|--|--|
| Part 6: Answer These Qui   | as "incurred by an individual primarily for a personal family or household purpose" |  |   |  |  |  |
| 17. Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?   | paid that funds will be avail  No.  Yes.  | er 7. Go to line 18.  Do you estimate that after any exempt property lable to distribute to unsecured creditors? | is excluded and administrative expenses are   |  |  |  |
| 18. How many creditors<br>do you estimate that<br>you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |  |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million        | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
| 20. How much do you<br>estimate your<br>liabilities to be?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million        | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
| Part 7: Sign Below   |   |  |   |  |  |  |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,1 or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |  |   |  |  |  |
|  | *   | melal x  |   |  |  |  |
|  | /s/ Jennifer Bekoe<br>Signature of Debtor 1   |  | re of Debtor 2  |  |  |  |
|  | Executed on   | D/YYYY Execut  | ted on  |  |  |  |

Debtor 1 Jenn@ase 16-23054 Doc 1 Filed 07/19/046 Entered 07/19/046:54 Desc Main

Debtor 1 Jenn@ase 16-23054 Doc 1 Filed 07/1966 Entered 07/1966:54 Desc Main

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For your attorney, if I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brent Ingram Signature of Attorney for Debtor |       | Date | 7/19/2016<br>MM / DD / YYY   | γ                     |
|---|-------|------|--|-----------------------|
| Brent Ingram                                      |       |      |  |                       |
| Printed name                                      |       |      |  |                       |
| Semrad Law Firm                                   |       |      |  |                       |
| Firm name   |       |      |  |                       |
| Street  |       |      | TO LOCATE THE PARTY OF THE PART |                       |
|   |       |      |  |                       |
| City  | State |      |  | Zip Code              |
| Contact phone                                     |       | E    | mail address   | bingram@semradlaw.com |
|   |       |      |  |                       |

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|-----------|---|-----------------------------|----------------------------|-----------------------|---------------------------------------|---|
| FIIII     | in this inform  | ation to identify your case | Docum                      | ient Page             | 60 of 66                              |   |
| Deb       | otor 1  | Jennifer                    |                            | Bekoe                 |                                       |   |
| 550 V     |   | First Name                  | Middle Name                | Last Name             |                                       |   |
| 10000000  | otor 2<br>ouse, if filing)  | First Name                  | Middle Name                | Last Name             |                                       |   |
| 199       |   | Filst Name                  | Middle Name                | Last Name             |                                       |   |
| Unit      | ted States Ba   | nkruptcy Court for the:     | Northern                   | District of Illinois  |                                       |   |
| Cas       | se number   |                             |                            | (State)               |                                       |   |
|           | nown)   |                             |                            |                       |                                       |   |
| ~ .       | <i>c</i>  |                             |                            |                       |                                       | Check if this is an                     |
| <u>Ot</u> | ticial F  | orm 106De                   | <u>⊆</u>                   |                       |                                       | amended filing                          |
| De        | clarat  | ion About ar                | n Individual De            | btor's Sch            | nedules                               | 12/15                                   |
| 1519,     | erty by fraud, and 3571.  |                             | pankruptcy case can result | in fines up to \$250, | 000, or imprisonment for up to 20     | years, or both. 18 U.S.C. §§ 152, 1341, |
|           | Did you pay   | y or agree to pay some      | one who is NOT an attorney | to help you fill out  | bankruptcy forms?                     |   |
|           | ✓ No  |                             |                            |                       |                                       |   |
|           | ☐ Yes. N  | ame of person               |                            | Attach Bank           | ruptcy Petition Preparer's Notice, De | claration, and                          |
|           | Lucal   |                             |                            |                       | Official Form 119).                   |   |
|           |   |                             |                            |                       |                                       |   |
|           |   |                             |                            |                       |                                       |   |
|           |   |                             |                            |                       |                                       |   |
|           |   |                             | that I have read the summa | ary and schedules f   | iled with this declaration and        |   |
|           | that they ar  | e true and correct.         | a late                     |                       |                                       |   |
| ×         | /s/ Jennife   | Bekoe                       | MXC                        | *_                    |                                       |   |
|           | Signature of  | Debtor 1                    |                            | S                     | ignature of Debtor 2                  |   |
|           | Date 7/19/2   | 016                         |                            | п                     | ate                                   |   |
|           |   | DAYYYY                      |                            | 9: -                  | MM/DD/YYYY                            |   |

|            | Jenni@ase 16   | -23054 Г   |  | 07/19/16  | Entered 07/19/1  | h6er1ii2mi1r6:54_   | Desc Main                                    |            |
|------------|--|--|--|---|--|---|--|------------|
|            | First Name   | M  | liddle Name Do                             | cument  | Page 61 of 66  |   |  |            |
|            | nin 2 years before<br>litors, or other par                           |  |  |   | statement to anyone abou   | it your business? Ir  | nclude all financial ins                     | titutions, |
|            | No<br>Yes. Fill in the detai   | Is below.  |  |   |  |   |  |            |
|            |  |  |  | Date issued   |  |   |  |            |
|            | Name   |  |  | MM/DD/YYYY  | <del></del>  |   |  |            |
|            | Number Street  |  |  | -   |  |   |  |            |
|            | City   | State  | Zip Code                                   | -   |  |   |  |            |
| Part 12:   | Sign Below   |  |  |   |  |   |  |            |
|            |  |  |  |   |  |   |  |            |
| and o      | orrect. I understar<br>ruptcy case can re                            | nd that making   | a false statement,                         | concealing prop   | tachments, and I declare perty, or obtaining money p to 20 years, or both. 18                    | or property by frau   | ud in connection with a                      | are true   |
| and o      | correct. I understar<br>ruptcy case can re                           | nd that making a<br>sult in fines up t   | a false statement,                         | concealing prop   | perty, or obtaining money<br>p to 20 years, or both. 18  | or property by frau   | ud in connection with a                      | are true   |
| and o      | correct. I understar<br>ruptcy case can re-<br>/s/<br>Signat         | nd that making a sult in fines up to   | a false statement,                         | concealing prop   | perty, or obtaining money<br>p to 20 years, or both. 18  | or property by frau<br>J.S.C. §§ 152, 1341,                                       | ud in connection with a                      | are true   |
| and debank | correct. I understar<br>ruptcy case can re-<br>/s/<br>Signat<br>Date | nd that making sult in fines up to sult in fin | a false statement,<br>to \$250,000, or imp | concealing properties of the concealing properties of the concentration | perty, or obtaining money<br>p to 20 years, or both. 18<br>Signature                             | or property by frau<br>J.S.C. §§ 152, 1341,<br>of Debtor 2                        | ud in connection with a<br>, 1519, and 3571. | are true   |
| Did y      | y /s/. Signat Date ou attach addition                                | Jennifer Bekoe ure of Debtor 1 7/19/2016 al pages to You   | a false statement, to \$250,000, or imp    | concealing proportionment for u   | perty, or obtaining money<br>p to 20 years, or both. 18 to<br>Signature<br>Date                  | or property by frau<br>J.S.C. §§ 152, 1341,<br>of Debtor 2<br>ankruptcy (Official | ud in connection with a<br>, 1519, and 3571. | are true   |
| Did y      | y /s/. Signat Date ou attach addition                                | Jennifer Bekoe ure of Debtor 1 7/19/2016 al pages to You   | a false statement, to \$250,000, or imp    | concealing proportionment for u   | serty, or obtaining money p to 20 years, or both. 18 Signature Date  or Individuals Filing for B | or property by frau<br>J.S.C. §§ 152, 1341,<br>of Debtor 2<br>ankruptcy (Official | ud in connection with a , 1519, and 3571.    | are true   |

| Debtor Jennifer 16-23054   | Doc 1 Filed 07/19/16                  | Entered 07/19/16 12:1<br>Page 62 of 66<br>Iame        | L6:54 Desc Main                           |
|--|---------------------------------------|---|---|
| 1 First Name   |                                       | lame de de di con | 3-11-11-11-11-11-11-11-11-11-11-11-11-11  |
| Part 2: List Your Unexpired Per  |                                       | F   | Access (Official Forms 106C) fill in the  |
| For any unexpired personal property<br>information below. Do not list real est<br>unexpired personal property lease if t | ate leases. Unexpired leases are leas | ses that are still in effect; the lease pe            | riod has not yet ended. You may assume an |
| Describe your unexpired personal   | property leases                       |   | Will the lease be assumed?                |
| Lessor's name:   |                                       |   | No Yes                                    |
| Description of leased property:  |                                       |   |   |
| Lessor's name:   |                                       |   | No Yes                                    |
| Description of leased property:  |                                       |   |   |
| Lessor's name:   |                                       |   | □ No<br>□ Yes                             |
| Description of leased property:  |                                       |   |   |
| Lessor's name:   |                                       |   | ☐ No<br>☐ Yes                             |
| Description of leased property:  |                                       |   |   |
| Lessor's name:   |                                       |   | No Yes                                    |
| Description of leased property:  |                                       |   |   |
| Lessor's name:   |                                       |   | □ No □ Yes                                |
| Description of leased property:  |                                       |   |   |
| Lessor's name:   |                                       |   | □ No □ Yes                                |
| Description of leased property:  |                                       |   |   |
| Part 3: Sign Below   |                                       |   |   |
| Under penalty of perjury, I declare that is subject to an unexpired least  |                                       | out any property of my estate that se                 | cures a debt and any personal property    |
| ★ /s/ Jennifer Bekoe     Signature of Debtor 1   |                                       | Signature of Debtor 1                                 |   |
| Date 7/19/2016<br>MM/DD/YYYY   |                                       | Date MM/DD/YYYY                                       |   |

# Case 16-23054 Doc 1 Filed 07/19/16 Entered 07/19/16 12:16:54 Desc Main UNITED STATES BANKE 63 67 66 URT Northern District of Illinois

| In re: | Bekoe, Jennifer                           | Case No                                     | 2  |  |
|--------|---|---|--|--|
| 100    | Debtor(s)                                 |   |  |  |
|        |   | Chapter.                                    | Chapter7                                   |  |
|        | VERIFIC                                   | ATION OF CREDITOR MAT                       | RIX  |  |
|        | The above named Debtors hereby verify the | at the attached list of creditors is true a | nd correct to the best of their knowledge. |  |
| Date:  | 7/19/2016                                 | /s/ Bekoe, Jennifer                         | pergl                                      |  |
|        |   | Bekoe Jennifer                              |  |  |

Signature of Debtor

| Debtor 1 Jenn@ase 16-23054 Doc 1 First Name Middle Name  | Filed 07/159/4:6<br>Document   | Entered<br>Page 64              | _07/4≥9/4 <u>16</u> 0-10 | 2:146:54Desc                             | Main                          |
|--|--|---------------------------------|--------------------------|--|-------------------------------|
|  | Doddingin  | . ago o                         | Column A<br>Debtor 1     | Column B<br>Debtor 2 or<br>non-filing sp | oouse                         |
| 8. Unemployment compensation  Do not enter the amount if you contend that the amount Social Security Act. Instead, list it here:   | received was a benefit u   | inder the                       | \$0.00                   |  |                               |
| For your spouse  | \$0.00<br>\$0.00   |                                 |                          |  |                               |
| Pension or retirement income. Do not include any ambenefit under the Social Security Act.  | artes to the state of the state | а                               | \$0.00                   |  |                               |
| 10.Income from all other sources not listed above.S<br>Do not include any benefits received under the Social Si<br>received as a victim of a war crime, a crime against hun<br>domestic terrorism. If necessary, list other sources on a<br>total below. | ecurity Act or payments<br>nanity, or international c  | )r                              |                          |  |                               |
| Total amounts from separate pages, if any.   |  |                                 | +\$0.00                  | , <u>+</u>                               | <u></u>                       |
| 11. Calculate your total current monthly income. Add column. Then add the total for Column A to the total for  |  | each                            | \$3,086.97               | +  | = \$3,086.97<br>Total current |
| Part 2: Determine Whether the Means Test A   | Applies to You   |                                 |                          |  | monthly income                |
| 12. Calculate your current monthly income for the year   |  |                                 |                          |  |                               |
| 12a. Copy your total current monthly income from line 11   | <b>I.</b>  |                                 |                          | Copy line 11 here $\rightarrow$          | \$3,086.97                    |
| Multiply by 12 (the number of months in a year).   |  |                                 |                          |  | X 12                          |
| 12b. The result is your annual income for this part of the   | form.  |                                 |                          |  | 12b. <u>\$37,043.64</u>       |
| 13 Calculate the median family income that applies to  | you. Follow these step   | s:                              |                          |  |                               |
| Fill in the state in which you live.   | Illinois   |                                 |                          |  |                               |
| Fill in the number of people in your household.  | 11_  |                                 |                          |  |                               |
| Fill in the median family income for your state and size of  | of household.  |                                 |                          |  | 13. \$49,741.00               |
| To find a list of applicable median income amounts, go of instructions for this form. This list may also be available a  | online using the link spe<br>at the bankruptcy clerk's   | cified in the sepa<br>s office. | rate                     |  |                               |
| 14. How do the lines compare?  |  |                                 |                          |  |                               |
| 14a. Line 12b is less than or equal to line 13. On the Go to Part 3.   | e top of page 1, check be  | ox 1, There is no               | presumption of abo       | use.                                     |                               |
| 14b. Line 12b is more than line 13. On the top of pag<br>Go to Part 3 and fill out Form 122A-2.  | ge 1, check box 2, The p   | resumption of ab                | use is determined        | by Form 122A-2.                          |                               |
| Part 3: Sign Below   |  | · ·                             | - Carlotta Albarra       | **************************************   |                               |
| By signing here, I declare under penalty of perjury that   | the information on this s  | tatement and in a               | any attachments is       | true and correct.                        |                               |
| /s/ Jennifer Bekoe Signature of Debtor 1   | L  | X Signatur                      | e of Debtor 2            |  |                               |
|  |  | Oignatur                        | 5 5, 5 55 to 1           |  |                               |
| Date 7/19/2016<br>MM/DD/YYYY   |  | Date 7/                         | 19/2016<br>M/DD/YYYY     |  |                               |
| If you checked line 14a, do NOT fill out or file Form 1<br>If you checked line 14b, fill out Form 122A-2 and file i  | 22A-2.<br>it with this form.   |                                 |                          |  |                               |

### CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1250 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

| Initia |  |  |  |
|--------|--|--|--|
| HIIII  |  |  |  |

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

| Date: 7/19/2016 |        |
|-----------------|--------|
| Client Ru       | Client |
| Attorney //     |        |